

Food Establishment Application



A person wanting to operate a new food establishment shall submit a permit application and a plan review packet at least 30 calendar days prior to the desired date of opening. Renewal applications must be submitted prior to your expiration date.

New owners are required to submit a new application at least 2 weeks prior to the change of ownership. New owners are subject to a change of ownership fee. A change of ownership may require an initial inspection by your sanitarian.

In Klickitat County your facility's yearly operating permit is based on an operating fee and a complexity fee. Establishments limited to a specific menu/operation have a flat operating fee and are not charged on complexity level, those are highlighted below. New construction for an establishment or remodel of an existing establishment is subject to plan review requirements and fees.

Level I Complexity: Menu or service items are limited to prepackaged non-PHF or prepackaged PHFs that require cold holding. Menu items may include snacks, baked goods, dairy products, prepackaged deli meats (cold), frozen prepackaged burritos, prepackaged sandwiches or salads

Level II Complexity: Menu or service items are limited to simple cooking, heat for service, heat for hot holding, or food preparation of ready to eat foods (salads, sandwiches). Menu items may include soups, hamburger cooked for immediate service; product is cooked to the proper temperature and served immediately or hot held at 135F

Level III Complexity: All processes in complexity I and II are allowed. Further processes include proper cooling procedures. Complex cooking procedures or complex processes are allowed. Processes include acidification, cook-chill, reduced oxygen packaging, smoking, sous-vide or other processes. All complex process require a variance and HACCP

Please mark the boxes below that correlate with the type of establishment you operate.

Type of Establishment	
<input type="checkbox"/> Establishment w/ Public Sewer	170
<input type="checkbox"/> Establishment w/ OSS	190
<input type="checkbox"/> Bed and Breakfast w/ Public Sewer	175
<input type="checkbox"/> Bed and Breakfast w/ OSS	195
<input type="checkbox"/> Catering	50
<input type="checkbox"/> Farmers Market	80
<input type="checkbox"/> Community Kitchen	80
<input type="checkbox"/> School Kitchen	150
<input type="checkbox"/> School Satellite	50

Complexity Level	
<input type="checkbox"/> Level I	0
<input type="checkbox"/> Level II	125
<input type="checkbox"/> Level III	175

Plan Review Fees	
<input type="checkbox"/> New Construction	150
<input type="checkbox"/> Remodel	100
<input type="checkbox"/> Change of Ownership	100

Operating Hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If you are operating seasonally, please provide the months of operation: _____

Goldendale Office
228 West Main Street
MS-CH 14
Goldendale, WA 98620
509-773-4565

Klickitat County Health Department

White Salmon Office
501 NE Washington St/ PO Box 159
White Salmon, WA 98672
509-493-1558

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Is this a new application, change of ownership, or renewal? _____

Facility Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility Phone: _____

Commissary Address (if applicable): _____

City: _____ State: _____ Zip: _____

Contact/Mailing Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Contact Email: _____

Owner Information

Corporation Name: _____

Individual Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Owner Phone: _____

Owner Email: _____

Applicant's signature: _____ Date: _____

As the manager and or owner/operator of this facility, I do hereby make application for a permit to operate a food service establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or location.

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