

FOOD ESTABLISHMENT APPLICATION



Please review the following;

- Is this a renewal application? Yes No
- Has your contact information changed? If so, please fill out the contact section on the following page. Yes No
- Is this a change of ownership? Yes No
- Has your approved menu processes changed? Yes No
- Have you done any kitchen remodeling? Yes No

A change of ownership may require an initial inspection by your sanitarian and subject to the applicable plan review fees.

LOW RISK: Limited food prep: 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 using commercially prepared produce (washed lettuce or bagged lettuce).

MODERATE RISK: Raw food preparation: menu or service items are limited to preparation of raw meats, washed or sliced fresh fruits and vegetables (PHFs), and do not cool cooked PHF. This may include delis, quick service, sandwich shops, or grocery stores with limited menu items.

HIGH RISK: Advanced food preparation: menu or service items that may have been cooked and then cooled; such as pasta salads, leftovers, pulled pork, or PHF that is cooled and further processed. This may also include specialized processes like; smoking, curing, vacuum packaging, or if you need to have a consumer advisory. This may include restaurants, buffets, or large grocery stores with a deli.

Please mark the box below that correlates with your type of operation.

TYPE OF ESTABLISHMENT

<input type="checkbox"/> Low Risk Establishment (\$200)	<input type="checkbox"/> Community Kitchen (\$150)
<input type="checkbox"/> Moderate Risk Establishment (\$300)	<input type="checkbox"/> Change of Ownership (\$25)
<input type="checkbox"/> High Risk Establishment (\$400)	<input type="checkbox"/> School Kitchen (\$200)
<input type="checkbox"/> Mobile Unit Low Risk (\$150)	<input type="checkbox"/> School Satellite (\$50)
<input type="checkbox"/> Mobile Unit Moderate Risk (\$250)	<input type="checkbox"/> Bed and Breakfast (\$200)
<input type="checkbox"/> Mobile Unit High Risk (\$350)	

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FACILITY INFORMATION

Facility Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Facility Phone: _____

Health Department
Use Only

OWNER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner Phone: _____

Owner Email: _____

HOURS OF OPERATION

Open 24 Hours a day Seasonal Operation Annual Operation

If seasonal, provide months of operation: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

As the owner and 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 this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or location.

Applicant's signature: _____ Date: _____