



# Skagit County Department of Public Health

**Jennifer Johnson, Director**  
**Howard Leibrand, M.D., Health Officer**

## Food Service Permit Applications

The following application is a fillable form. You may complete all fields in the form electronically or you may print the form and complete it manually. We require an actual signature on all applications. If you are able to sign using an electronic device please do so in the designated area, otherwise you will need to print the form to sign.

Completed and signed applications can be submitted via:

- E-mail to [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us)
- Fax to 360-416-1501
- Mail to Environmental Public Health, 700 South 2<sup>nd</sup> Street, #301, Mount Vernon, WA 98273

You may save a copy of your completed form electronically but if you leave this website your changes within the webform will not be saved.

Please note that food service permit applications, for both temporary and annual permits, now require that the permit applicant be the food service owner or an officer of the owner. This is a requirement of Washington State Retail Food Code, Chapter 246-215-08320 (1) WAC. The food service permit will be issued to both the permit applicant (owner or officer of owner) and the manager of the day to day operations of the food service, if different from the owner.

Please make sure that you submit your application within the timeframe specified on the application to avoid a late fee. Operating a retail food service without a permit is illegal and subject to enforcement action. Incomplete applications will be returned to the applicant and not processed.

If you have questions regarding the application or the type of food service permit required for your operation please contact us by phone at 360-416-1500 or via e-mail at [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us).



**COMMISSARY AGREEMENT**

All food establishments must operate out of an approved facility. Many food operations such as Mobiles, Caterers, or Temporary Operators use a commissary for various food preparation or other support activities. This agreement signifies that both parties agree to vendor's use of facilities for services listed below. Vendor may not use a different commissary without prior approval; the agreement must be renewed annually. This agreement is not transferable.

Vendor Business Name: \_\_\_\_\_  
 Operator: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Commissary Name: \_\_\_\_\_  
 Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Commissary Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Days/Time at Commissary: \_\_\_\_\_

I own both the business requiring and the business providing commissary services. **(If yes, stop here. Sign bottom of form and submit.)**

As commissary operator, I agree to allow the vendor to use this commissary for the following:

- Potable water supply
- Wastewater disposal
- Food storage (dry storage, refrigeration, freezer)
- Food preparation (chopping, assembly, produce washing)
- Cooking/baking
- Cooling foods for later service
- Equipment and utensil washing
- Unit cleaning (mop sink available)
- Restroom use
- Other: \_\_\_\_\_

\_\_\_\_\_  
*Commissary Owner's Signature*                      *Date*                      *Commissary Owner's Printed Name*

I agree to use the above named commissary for the activities described:

\_\_\_\_\_  
*Vendor/Commissary User's Signature*                      *Date*                      *Vendor/Commissary User's Printed Name*

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Health Dept Approval: \_\_\_\_\_ Date: \_\_\_\_\_