



Skagit County Department of Public Health and Community Services

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"Always working for a safer and healthier Skagit County"

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
- Fax to 360-419-3408
- Mail to Environmental Public Health, 1800 Continental Place, 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 360-336-9474 or via e-mail at EH@co.skagit.wa.us .



Fee: _____	Receipt #: _____
Received by: _____	Date: _____

Mobile Food Permit Application

For renewal or new operators

Mobile - Unlimited

Mobile – Limited (Food Cart/Canteen Truck/Meat sales)

Name of Mobile Food Service: _____

Mobile Van License Plate #: _____ Washington State UBI# _____

Owner legal entity status: Association Corporation Partnership Individual

Applicant name (must be owner/officer of owner): _____

Manager (Responsible for day to day operations of mobile unit): _____

Applicant mailing address: _____ City: _____ State: _____ Zip Code: _____

Manager phone number: _____ Applicant phone number: _____ (day) _____ (other)

Manager fax number: _____ E-mail: _____

Name of Commissary or support facility: _____ (attach agreement)

Commissary Address: _____ City: _____ Zip Code: _____

Commissary use: M T W Th F Sat Sun Times: _____

Address where unit is stored when not in use: _____

Mobile unit potable water source

- Skagit PUD
- City of Anacortes
- Other public water system (name): _____

Mobile unit wastewater disposal location

- On-Site septic system (OSS)
You must have your OSS inspected annually
- Public sewer (name): _____
- Other: _____

Customer seating: Yes No If yes, location of customer restrooms: _____

Operation: Open year round Seasonal operation - Months open: _____ through _____

Days open: Mon Tues Wed Th Fri Sat Sun Hours: _____ to _____

Submit with this application:

- Current menu
- Itinerary (daily route or schedule of events) or list regular business location: _____
- Commissary agreement or approval letter for employee restrooms, water and waste disposal as applicable
- Permit fee (\$225 Unlimited Mobile **OR** \$150 Limited mobile; **PLUS** \$75 commissary permit if required)

I certify that the information provided is accurate and correct. I agree to comply with Washington State and Skagit County Environmental Public Health and other applicable regulations regarding the above named mobile food service unit. I agree to provide access to records and to the mobile food unit and commissary as required by code.

Signature _____

Printed name _____

Date _____