



**Skagit County Public Health**  
**Environmental Health**  
**Food & Living Environment**

<i>Office Use Only</i>	
Est. ID: _____	INV#: _____
RCVD Date: _____	By: _____
<i>EH Use Only</i>	
<input type="checkbox"/> PWS ID: _____	Grp: <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> Risk Level _____	
<input type="checkbox"/> Renew <input type="checkbox"/> Change <input type="checkbox"/> New	

**Donated Food Distribution Organization Notification**

**NO FEE. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY**

<b>Establishment</b>	Establishment Name			
	Street Address			
	City, State, Zip			
	Phone		Email	
	Manager Name		Title	

<b>Organization</b>	Organization Name		UBI	
	Mailing Address			
	City, State, Zip			
	Phone		Email	

**501(c) STATUS:** This organization  **does** /  **does not** have a 501(c) IRS determination.

<b>Hours</b>		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
	Open							
	Close							
Comments:								

<b>Septic</b>	<input type="checkbox"/> N/A	Date Last Inspection		Results	
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<b>Activities</b>	<input type="checkbox"/> Serve meals to the public	<input type="checkbox"/> Distribute food for clients to prepare at home
	<input type="checkbox"/> Prepare/cook/serve raw meat/seafood/poultry	<input type="checkbox"/> Repackage bulk foods into smaller packages for distribution
	<input type="checkbox"/> Serve food at offsite or outdoor locations.	<input type="checkbox"/> Distribute packaged foods that require temperature control
	<input type="checkbox"/> Heat food on site and cool it down for later distribution/reheating/service	<input type="checkbox"/> Distribute only pre-packaged, shelf-stable food through a food bank or backpack program
	<input type="checkbox"/> Receive hot food and cool it for later distribution/reheating/service	<input type="checkbox"/> Heat food on site and cool it down for later distribution/reheating/service

**Attachments**

- List of all restaurants, grocery stores, donor kitchens, and other sources of food
- Name, title, and address of all owners and/or officers
- IRS 501(c) determination letter OR  Letter of sponsorship & sponsor's IRS determination letter

By signing this notification, I attest that this application is complete and accurate. I agree to comply with the requirements of WAC 246-215 and SCC 12.36 and will permit the health officer or their agent to access the DFDO and review records and other information as required. I understand that this registration is not transferrable between people or locations and that all changes in operations must be approved in advance.

<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Title</b>

700 South 2<sup>nd</sup> Street, #301, Mount Vernon, WA 98273 | Phone 360-416-1500 | Fax 360-416-1501

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