

Skagit County Public Health

Environmental Health Food & Living Environment Food Establishment Permit Application

| Office Use Only | | | | | | | |
|----------------------|--------------|--|--|--|--|--|--|
| Est. ID: INV#: | | | | | | | |
| RCVD Date: | By: \$ | | | | | | |
| EH Use Only | | | | | | | |
| PWS ID: | Grp: 🗆 A 🛛 B | | | | | | |
| Additional areas, #: | | | | | | | |

Fill out the application completely and submit with required attachments. See reverse for instructions and definitions. **Applications submitted without required documents may be rejected or assessed a late fee.**

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|---|---|----------------|---------------------|-----------|------------------|-------------|------|--------------|-------|-------------|---------------|------------|------|-----|--|
| Payment | | 🗆 Cash | ish | | | 🗆 Check | | | | Money Order | | | Card | | |
| | | Cardho | holder Name & Phone | | ione | | | | | | | | | | |
| N | NOTE: A 3% processing fee may be assessed on credit/debit transactions. | | | | | | | | | | | | | | |
| | Establis | shment | Name | | | | | | | | | | | | |
| | Street / | Street Address | | | | | | | | | | | | | |
| nent | City, St | itate, Zip | | | | | | | | | | | | | |
| Establishment | Mailing | g Addres | ss | | | | | | | | | | | | |
| Estak | City, St | ate, Zip | | | | | | | | | | | | | |
| | Phone | Phone | | | | | | | Email | | | | | | |
| | Manager Name | | | | | | | Title | | | | | | | |
| hip | Owner | ner Name | | | | | | | UBI | | | | | | |
| Ownership | Phone | | | | | | | Email | | | | | | | |
| 0 N | Туре | | 🗆 Asso | ciation | | Partnership | | 🗆 Individual | | Corporation | | on 🗌 Other | | | |
| | 🗆 Year | -Round | Seasonal | | Season Open Date | | | | | | Season Close | Date | | | |
| Hours | | | M | on | Tues | | Weds | | Thurs | | Fri | | Sat | Sun | |
| Н | Open | | | | | | | | | | | | | | |
| | Close | | | | | | | | | | | | | | |
| Sej | otic 🗌 | N/A | Date La | ast Inspe | ection | | | | | Shared | d system, nam | e: | | | |
| | | | | | | | | | | | | | | | |

| | | All Permits | | Catering | | Mobile Units |
|---------|-----------------------------------|------------------------|------------------------------|----------------------------------|--|-----------------------------------|
| ients | | 🗆 Menu | | Commissary Agreement | | Restroom Agreement |
| 3 | | 🗆 Floor plan | | Catering menu | | Commissary Agreement/Waiver |
| Attachr | □ Name, title, and address of all | | □ List of catering equipment | | | □ Plate #: |
| Att | | owners and/or officers | | \Box Written plan of operation | | Copy of L & I tag |
| | | | | | | □ List of service locations/route |

By signing this application, 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 food establishment and review records and other information as required. I understand that permits are not transferrable between people or establishments and that all changes in operations must be approved in advance.

| Signature | Date | |
|------------|-------|--|
| Print Name | Title | |

301 Valley Mall Way STE 110, Mount Vernon, WA 98273 |Phone 360-416-1500 | Fax 360-416-1501

EH@co.skagit.wa.us | www.skagitcounty.net/food

Skagit County Public Health – Food Establishment Permit Application

Instructions

All food establishment permits must submit a renewal application annually with the appropriate fee and all required supporting documents. Complete applications are due before the expiration date of your current permit. Late or incomplete applications may be assessed a **\$50.00** late fee.

All food establishments MUST submit the following with their renewal application:

- Menu
- Floor plan
- Name, title, and address of all owner/officers

Establishments using shared bathrooms must submit an updated restroom agreement every year.

Catering establishments must also submit:

- Commissary agreement
- Catering menu
- List of equipment and vehicles used for catering events
- Written plan of operation describing how food is prepared, transported, and served at catering events

Mobile food units must also submit:

- Restroom agreements for each service location where you are parked for 1 or more hours
- Commissary agreement
 - Establishments approved for a commissary waiver at time of plan review must submit an updated waiver form instead
- Current vehicle registration (pushcarts exempt)
- Copy of L&I tag (pushcarts exempt)
- List of service locations/route

Out-of-County operators:

- If your business and/or commissary is based outside of Skagit County, include:
 - Current local health department permit
 - Most recent inspection

Definitions

Uniform Business Identifier (UBI): A nine-digit number that registers you with several state agencies and allows you to do business in Washington State.

• You may apply for a UBI by submitting a Business License Application through the Washington Department of Revenue at https://dor.wa.gov/open-business.

Catering operation: a person or business who contracts with a client to prepare a specific menu and amount of FOOD in an APPROVED FOOD ESTABLISHMENT for service to the client's guests or customers at a different location.

• Catering does not include "to-go" or "delivery" food service where the food establishment relinquishes prepared food to the client and does not prepare, serve, or otherwise handle food outside the approved food establishment.

Mobile food unit: a readily moveable food establishment. This may include a food truck, trailer, push cart, or other portable unit.

Commissary: an APPROVED FOOD ESTABLISHMENT where FOOD is stored, prepared, portioned, or PACKAGED for service elsewhere.