

Skagit County Public Health
700 South 2nd Street, #301
Mount Vernon, WA 98273
Phone: 360-416-1500 FAX: 360-416-1501
www.skagitcounty.net/food
EH@co.skagit.wa.us



EH Permit ID: _____
Fee: _____ Receipt #: _____
Received by: _____ Date: _____

Skagit County Environmental Public Health Division

The Skagit County Environmental Public Health licenses operators of food establishments, not the facility itself. To renew a current existing permit or apply as a new operator at an establishment, you must complete this application and pay the permit fee. Failure to obtain a permit prior to operation may result in a penalty fee.

STOP if you are making equipment and/or layout **changes** to your kitchen, significant menu **changes**, or you are a **new operator** at a facility. **You must first complete the PLAN REVIEW APPLICATION and receive PLAN APPROVAL prior to completing this form.**

Check here to pay your permit fee by credit card over the phone. **Person and phone number to contact for credit card payment:**

Food Service Establishment Information Application

Application must be completed and turned in to process permit.

Name of Establishment: _____

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

Applicant's phone number: (day) _____ (other) _____
(Your phone number, fax number and e-mail will not be distributed for commercial purposes)

Manager (*responsible for daily on-site operation of FSE*): _____
May list maximum of two names

WA state business license name(s)/UBI #: _____

Owner legal entity status: Association Corporation Partnership Individual

Facility address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Facility phone number: _____ E-mail: _____

Water Source: Skagit PUD **Wastewater Disposal** On-Site septic system (OSS)
 City of Anacortes Date of last inspection: _____
 Other public water system (name): _____ Public sewer (name): _____

 Other, please explain: _____

Open year round or Seasonal operation Months open: _____ through _____

Days open: Mon Tues Weds Thurs Fri Sat Sun Hours: _____ to _____

▶ Type of service: Eat-in Take out only Delivery Cater offsite
 Breakfast Lunch Dinner Other _____

Total seats (include bar and outside seating): _____

▶ What are the current/planned activities in the food service establishment? (Please check/circle all that apply):

REFRIGERATE COMMERCIALY PACKAGED FOODS

REFRIGERATE FOODS PREPARED IN FACILITY

CLEAN AND CUT PRODUCE and/or THAW FOODS UNDER RUNNING WATER

HANDLE COOKED MEATS and/or MAKE SANDWICHES

HANDLE and/or COOK RAW MEATS

SMOKE OR CURE MEATS OR SEAFOOD AS A METHOD OF PRESERVATION

UNATTENDED or NONCONTINUOUS COOKING

SPECIAL PROCESSES: SPROUTING SOUS VIDE VACUUM PACKAGE FERMENTATION

LIVE MOLLUSCAN SHELLFISH TANK

COOK OR REHEAT POTENTIALLY HAZARDOUS FOODS

HOT HOLD FOODS

GRILL OR DEEP FRY FOODS

COOL POTENTIALLY HAZARDOUS FOODS

PROVIDE SALAD BAR OR HOT FOOD BUFFET

USE TIME AS A CONTROL FOR SOME POTENTIALLY HAZARDOUS FOODS (separate form required)

PRIMARILY SERVE HIGHLY SUSCEPTIBLE POPULATION (e.g. nursing home, preschool, etc.)

SERVE AS COMMISSARY OR RENTAL FACILITY ONLY (no direct retail from this location)

PRODUCE FOOD FOR WHOLESALE TO OTHER ESTABLISHMENTS (PLEASE CHECK WITH WASHINGTON STATE DEPT. OF AGRICULTURE FOR THEIR REQUIREMENTS)

*** INCLUDE CURRENT MENU AND KITCHEN FLOOR PLAN WITH APPLICATION EVERY YEAR**

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 facility. I agree to provide access to the facility and records as required by code.

Signature of applicant

Date