



Skagit County Public Health

Environmental Health

Food & Living Environment

Mobile Food Establishment Plan Review Information

When do you need a plan review?

All mobile food establishments must go through plan review at first construction and whenever:

- The business changes owners
 - For operational changes in ownership (for example, a new franchise owner) without ANY changes to the facility, equipment, or menu, you must apply for a plan review
- You remodel or add new equipment
- You significantly change the menu or the way food is prepared

Mobile units currently permitted in another Washington county may be eligible for a reciprocity plan review. Please contact us for more information.

How do I apply for a plan review?

1. Contact L&I and your local planning, building, and fire authorities. See Appendix B of the application.
2. Fill out the plan review application packet and submit it with ALL required documents.
 - a. Mail/drop off paper copies at the office
 - b. Email electronic copies to EH@co.skagit.wa.us
 - c. Incomplete applications will not be accepted.
3. Pay the applicable plan review fee & any consultation or variance fees.

How long does it take, and how do I know if my plans are approved?

- Allow at least 30 days for your reviewer to contact you by email with any questions or comments
 - If you cannot use email, tell us at the time of application
 - The reviewer may require that you change your design or processes.
- The reviewer will send you a written approval form when your plans are approved.
- Your application will stay on file for approval for up to 2 years. After 2 years, you must reapply.

When can I open?

- You must pass a pre-opening inspection by Skagit County Public Health AND pay for your permit before you can open.
 - Have all final approvals from building, fire, L&I, etc. BEFORE you call for your health inspection.
 - Call at least 2 weeks ahead to make sure we can get you scheduled.
 - AFTER you pass the inspection you will receive approval to permit.

What training do I need to open a food establishment in Skagit County?

- ALL food workers must have a current Washington State Food Worker Card
- AT LEAST ONE person must be a current Food Protection Manager Certificate for all RL 2 & 3 permits

Skagit County Public Health – Mobile Food Establishment Plan Review Information

Where can I find more information about food establishment requirements?

See Washington State Code Chapter 246-215: Food Establishments online at <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-215&full=true>.

What equipment do I have to have in a mobile food establishment?

At a minimum you must have:

- A servicing area with an approved public water system and a public sewer system OR approved onsite sewer system (OSS)
 - **Establishments on an OSS: provide an evaluation letter from a licensed septic designer with your application**
- Hot and cold running water to provide water at least **100°F** at each handwashing and dishwashing sink.
- At least one dedicated hand washing sink in each food preparation or warewashing area and restroom
 - Handwashing sinks in food preparation areas must be within 25 ft and easily accessible
 - Every handwashing sink must have paper towel & liquid soap dispensers.
- Three-compartment dishwashing sink big enough to immerse the largest cooking tool
 - The sink must have drain boards on both sides & be **indirectly** drained
 - This sink may **only** be used for washing dishes and food equipment
- No cross connections at sinks or other equipment connected to the water supply
 - Air gaps between the faucets and the flood level rim of the plumbing fixtures (sinks) must be at least twice the diameter of the water supply inlets and not less than one inch
 - Sinks with a hose or other submerged inlet need appropriate backflow prevention
 - Equipment such as espresso machines, soda carbonators, chemical dispenser, steam ovens, and pitcher rinsers may need additional backflow prevention.
- Designated space to store dirty equipment/utensils/dishes & to allow clean equipment to air dry
- Restrooms for staff within 500 ft with flush toilets and hand wash sinks
 - Restrooms must be available for customers if you have on-site seating.
 - Customers must not pass through food prep areas to reach the restroom.
- Commercial food equipment certified by ANSI-accredited program (such as NSF) and that is adequate for the intended use
 - See examples of acceptable certifying marks on **Page 5** of the plan review application.
 - Food contact surfaces of utensils and equipment must be durable, non-toxic, and corrosion resistant
- Walls, floors, ceilings, partitions in food preparation and food storage areas must be durable, lightly colored, smooth, non-absorbent, accessible for cleaning, and easily cleanable.
 - Install cove base at all areas around sinks and anywhere that will be mopped or wet cleaned.
- Lighting that is adequate and has shatter proof covers in all food preparation and storage areas
- Storage adequate and appropriate for all food service operations, including food storage, employee personal belongings, cleaning supplies, garbage
- Screens on windows, entrances, exits, and any other openings sufficient to exclude pests
- You may meet these requirements at your commissary kitchen or in your mobile unit.

Depending on your menu & operations, you may also need:

- Designated raw meat preparation area & raw meat prep sink to prevent cross contamination
- Food preparation sink to wash fruits, vegetables or rapidly cool hot food



Skagit County Public Health
Environmental Health
Food & Living Environment
Food Establishment Plan Review
Application – MOBILE UNIT

2026	
<i>Office Use Only</i>	
Est. ID: _____	INV#: _____
RCVD Date: _____	By: _____
<i>EH Use Only</i>	
Risk Level: _____	Reviewer: _____
Date Appr.: _____	Permit Date: _____

Incomplete applications will not be accepted. Fees are not refundable. Applications are valid for up to 2 years. Additional fees may apply for staff review of equipment variances, special processes, or if you request a consultation. Contact your plans reviewer for an estimate of additional charges.

Fees	Check appropriate application type. Fees are waived for DFDO applicants with proof of eligibility.	
	<input type="checkbox"/> Tier 1: Change in permit holder of actively operating establishment without any other changes	\$360
	<input type="checkbox"/> Tier 2: Changes to equipment, remodel, significant menu change, or existing establishment closed for 1 year or less.	\$515
	<input type="checkbox"/> Tier 3: New construction, conversion of non-food establishment, reopening existing establishment closed for more than 1 year, or out-of-county unit not eligible for reciprocity	\$745
	Total: \$	

Provide the name and contact information of the cardholder if you wish to pay by credit/debit card.

DO NOT ENTER THE CARD INFORMATION.

Card Pmt	Cardholder Name	
	Cardholder Phone	

Establishment	Establishment Name					
	Street Address					
	Unit Type:	<input type="checkbox"/> Food Truck, license plate #: _____ <input type="checkbox"/> Food Trailer (walk-on, towed by vehicle), License plate #: _____ <input type="checkbox"/> Food Cart (walk-around, moved by person)				
	L&I Tag # (attach copy)					<input type="checkbox"/> N/A
	City, State, Zip					
	Phone		Email			
	Owner Name		UBI			
	Ownership Type	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other

Contact	Contact Person		Role	
	Project Start		Completion Date	
	Phone		Email	

History	Has this unit been previously permitted by Skagit County Public Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name & Date Closed		

Skagit County Public Health - Food Establishment Plan Review Application

Risk Categories	Low Risk – RL 1 Packaged food or minimal reheating of commercially prepared, pre-cooked food items from licensed processor. Minimal time/temperature control for safety food. Prohibited activities: handling raw meat, cooling foods, washing produce, assembling sandwiches Examples: snack bar with hot dog roller, packaged food market, espresso stand
	Medium Risk – RL 2 Limited preparation and handling of time/temperature for safety food. Produce may be washed and chopped on site. Minimal preparation of raw meat/seafood Prohibited activities: cooling time/temperature control for safety foods Examples: sandwich counter, snack bar cooking burgers from raw, espresso stand with smoothies
	High Risk – RL 3 Complex food preparation including cooking, cooling, or reheating a variety of foods. May include special processes or serving raw/undercooked meat/seafood. Examples: diner, full-service restaurant, an establishment with an approved special process or HACCP plan

Other AHJ	Contact your local planning, building, and fire departments. If they have any comments, note them here or attach.
	Comments from planning/building/fire:

Staff & Service	Total # staff				Max # staff/shift			
	Meals Served	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Drinks Only	<input type="checkbox"/> Snacks Only		
	Type of service	<input type="checkbox"/> Set route	<input type="checkbox"/> Single location	<input type="checkbox"/> Special events	<input type="checkbox"/> Sit-down	<input type="checkbox"/> Delivery		
	Type of service ware	<input type="checkbox"/> Single-service (disposable)			<input type="checkbox"/> Reusable (durable, washable)		<input type="checkbox"/> Both <input type="checkbox"/> None	
	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# Meals served/day							
Hours of service/day:								

Hot Water & Power	If using multiple hot water heaters, provide spec sheets for each and clearly mark zones of service on plumbing plans						
	Water Heater	Manufacturer & Model					
		<input type="checkbox"/> Tank, _____ gal	<input type="checkbox"/> Tankless	<input type="checkbox"/> Gas, _____ BTUs	<input type="checkbox"/> Electric, _____ kW		
	Propane:	Tank size:					
	Electricity:	Maximum wattage available on mobile:		Panel amperage:			
		Electricity is available to power equipment during transit:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Generator	Peak watts:		Rated watts			
<input type="checkbox"/> Gas		<input type="checkbox"/> Propane	<input type="checkbox"/> Solar	<input type="checkbox"/> Other: _____			

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Utilities	Water	Address where potable water will be obtained:				
		<input type="checkbox"/> Municipal	Utility Name:			
		<input type="checkbox"/> Well	PWSID:			
		Water pump make & model:				
		Potable water tank size, gallons: Min. 5 gal for handwashing				
		Tank material:				
		How often will you fill the tank?				<input type="checkbox"/> N/A – Permanent connection
		Describe how often and method used to clean and sanitize potable water tank:				
	Sewer	Address where waste-water will be disposed of:				
		<input type="checkbox"/> Municipal	Utility Name:			
		<input type="checkbox"/> Septic	Inspection Date:			
		<input type="checkbox"/> Grease Trap/Intercept	Size (gal)			<input type="checkbox"/> None
		Greywater tank size, gallons Min. 15% larger than potable				
		Blackwater tank size, gallons				<input type="checkbox"/> N/A
		Describe how often and what method you will use to empty the wastewater tank:				
	Maximum # of days between filling potable water tank & emptying wastewater tank:					
	Trash	Address where trash/other waste will be disposed of:				
		<input type="checkbox"/> Commercial Pick-up		<input type="checkbox"/> Self-haul / Manage on-site		
<input type="checkbox"/> Trash		<input type="checkbox"/> Recycling	<input type="checkbox"/> Compost	<input type="checkbox"/> Grease rendering		

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1. Food Preparation and Source: Mark all the ways you intend to prepare, handle, serve, or store food and the location where each process will occur. Items marked with an * require additional plans. Items marked with a + require a HACCP plan and may require a variance.

Operations		Mobile Unit	Commissary
	Refrigerate commercially packaged foods	<input type="checkbox"/>	<input type="checkbox"/>
	Refrigerate food made on site	<input type="checkbox"/>	<input type="checkbox"/>
	Reheat commercially prepared food (hot dogs, frozen breakfast sandwiches)	<input type="checkbox"/>	<input type="checkbox"/>
	Cook meat, poultry, seafood, or eggs from raw	<input type="checkbox"/>	<input type="checkbox"/>
	Hot hold food after reheating or cooking	<input type="checkbox"/>	<input type="checkbox"/>
	Cool food after cooking or reheating (may not be done on board the mobile unit)		<input type="checkbox"/>
	Wash produce	<input type="checkbox"/>	<input type="checkbox"/>
	Wash raw meat or thaw under running water	<input type="checkbox"/>	<input type="checkbox"/>
	Use time as a public health control without temperature control *	<input type="checkbox"/>	<input type="checkbox"/>
	Serve a Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>
	Thick meats, whole poultry (roast beef, pork shoulder, whole turkey or chicken)	<input type="checkbox"/>	<input type="checkbox"/>
	Fresh or live molluscan shellfish (oysters, mussels, clams, scallops)	<input type="checkbox"/>	<input type="checkbox"/>
	Foraged mushrooms, berries, seaweed, nettles, or other foraged foods *	<input type="checkbox"/>	<input type="checkbox"/>
	Freezing seafood for parasite destruction *	<input type="checkbox"/>	<input type="checkbox"/>
	Raw or lightly cooked fish (including sushi or ceviche) *	<input type="checkbox"/>	<input type="checkbox"/>
	Handle ready-to-eat foods directly with bare hands *	<input type="checkbox"/>	<input type="checkbox"/>
	Make food to sell to another retail food establishment (restaurant, espresso stand, market, etc.) *	<input type="checkbox"/>	<input type="checkbox"/>
	Reduced oxygen packaging, including vacuum packaging, canning, sous vide, or cook-chill +	<input type="checkbox"/>	<input type="checkbox"/>
	Use food additives or components to improve shelf-life or render foods shelf-stable (curing, acidified sushi rice) +	<input type="checkbox"/>	<input type="checkbox"/>
	Smoking (for preservation), drying, or dehydrating +	<input type="checkbox"/>	<input type="checkbox"/>
	Molluscan shellfish life support system display tank (not lobsters or crabs) +	<input type="checkbox"/>	<input type="checkbox"/>
	Custom processing animals +	<input type="checkbox"/>	<input type="checkbox"/>
	Juice processing or packaging +	<input type="checkbox"/>	<input type="checkbox"/>
	Sprouting +	<input type="checkbox"/>	<input type="checkbox"/>
	Fermentation (including yogurt, pickles, sauerkraut, sausage, kimchi, etc.) +	<input type="checkbox"/>	<input type="checkbox"/>





Source	Food Item	Source	Delivery frequency
	Example: pastries	Jane's Bakery	Daily
	Example: frozen meats	National Supplier A	Every Thursday

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Food Safety Method: Cooling Methods. You may cool in a shallow, uncovered pan under refrigeration without monitoring cooling temperatures. For all other methods you must cool from 135° F to 70° F in 2 hours or less AND from 70° F to 41° F in 4 hours or less and you must maintain logs. Attach a sample log to this application.

Cooling Method	Shallow pan (2 in max) 	Ice Paddles/Sticks 	Ice Baths 	Rapid Chill Equipment 	Volume Reduction 
Example: Pinto Beans	X				X
Solid Food: Roast(s), Turkey, Steaks					
Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauces					
Baked /Boiled Potatoes					
Pasta/Noodles					
Deli Salads (Tuna/Chicken)					
Other: _____					
Other: _____					

Mark how food will be thawed in the establishment.

	Refrigerator 	Under running water **Requires dedicated meat prep sink** 	Cooked from Frozen 	Microwave as part of cooking process 
Raw meat/poultry/seafood				
Cooked fruit/vegetables				
Cooked grains/noodles				
Other: _____				

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2. Equipment: List all equipment & sinks in your unit. Include any equipment you may be adding to your commissary. Use additional pages if necessary and ensure each item is on your floor plan. Note location & type of backflow prevention for plumbed equipment on floor plan. All food equipment must be certified for commercial use. See marks below. Including copies of equipment spec sheets may speed plan review.

☐ Check here if any food preparation, storage, or service will occur outside the footprint of the mobile unit.

All necessary equipment must be contained on the mobile unit.

	# on Plan	Equipment	Make	Model
	1	Reach-in Refrigerator	Cool Food Inc.	COLD123-A
Equipment				

Sanitation Certification Marks



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Handwashing and Toilets		Yes	No
	Is there a toilet on board the mobile unit?		
	Is there a flush toilet within 500 ft of the mobile unit that meets all requirements listed on the Restroom Agreement form?		
	Is there a hand washing sink within 25 ft of each food preparation and dish washing area?		
	Is there a handwashing sink within or immediately adjacent to each toilet room?		
	Are all handwashing sinks dedicated to handwashing only with appropriate signage?		
	Is tempered water (85-120°F), under pressure, available at each handwashing sink?		
	Do all hand washing sinks have a mixing valve or combination faucets & flow for at least 15 seconds without reactivation?		
	Are soap & paper towels available at all hand washing sinks?		
	Do toilet room doors close tightly and automatically?		
	Do all toilet rooms have mechanical ventilation?		
	Do any toilet rooms open into the kitchen or other areas where unpackaged food is handled or clean equipment is stored?		

Dishwashing		Yes	No
	1. Will you be washing any utensils, dishes, or other equipment on the mobile unit?		
	2. Does the largest pot or pan fit into each compartment of the sink?		
	3. Are there drain boards at both ends of the sink?		
	4. Are you using 3 compartments for dish/utensil washing?		
If you answered NO to any of the above items, attach your policy for washing dishes. Include how clean and soiled dishes/equipment will be transported between the commissary and mobile unit.			

Sanitization	Sanitizer	3-compartment sink	Dish Machine	Sanitizer buckets	Spray Bottles
	Chlorine (Bleach, 50-100 ppm)				
	Quaternary Ammonium (Quat, 200 – 400 ppm)				
	Lactic Acid				
	Hot Water immersion (>170F)				
	Other (Attach product label)				

Finish Schedule	Location in Unit	Floors		Walls		Ceilings	
		Material	Base	Material	Finish	Material	Finish
	<i>Example: Cook-line</i>	<i>Diamond plate</i>	<i>4 in rubber</i>	<i>Aluminum</i>	<i>Smooth</i>	<i>Aluminum</i>	<i>Smooth</i>
	<input type="checkbox"/> Check box if any part of unit will have an open roof or walls during food preparation or service. Provide written plan to prevent overhead contamination and/or access by pest & flying insects.						

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General

How do you label working containers of chemicals (spray bottles, sanitizer buckets, etc.)?

Describe or attach your policy for when, where, and how employees must wash hands. Include how you monitor and enforce handwashing requirements.

Describe or attach your glove use policy. Include when staff are required to wear and change gloves.

Describe or attach how you will mark ready-to-eat time/temperature control for safety items held more than 24 hours after opening or preparation and when items will be discarded.

ATTACH THE FOLLOWING TO YOUR APPLICATION:

- ☐ **List with name, title, and address of all owners and/or officers**
- ☐ **Site Plan** showing location of business on parcel and any outside storage, dumpsters, wells, septic systems, etc.
- ☐ **Floor Plan** drawn to scale clearly showing all equipment, plumbing, etc. in the building – see Appendix A
- ☐ **L&I Tag** for all boarded vehicles. Not required for push carts.
- ☐ **Vomit & Diarrhea Clean-up Plan & Employee Illness Policy** – see Appendix C
- ☐ **Menu** include special event, catering, or takeout menus. Include Consumer Advisory if applicable.
- ☐ **Itinerary/schedule:** include anticipated route. May provide social media page or website information.
- ☐ **Certified Food Protection Manager** certificate for all RL 2 & 3 establishments. See Appendix C.
- ☐ **Written procedures/HACCP/Variance materials** as required by checklist on page 3
- ☐ **Commissary Agreement** if you are supporting your food establishment from a separate location
- ☐ **Custom Equipment:** Shop drawings of all custom-built equipment
- ☐ **Packaging Food:** attach sample product labels for review. See Appendix C for additional information

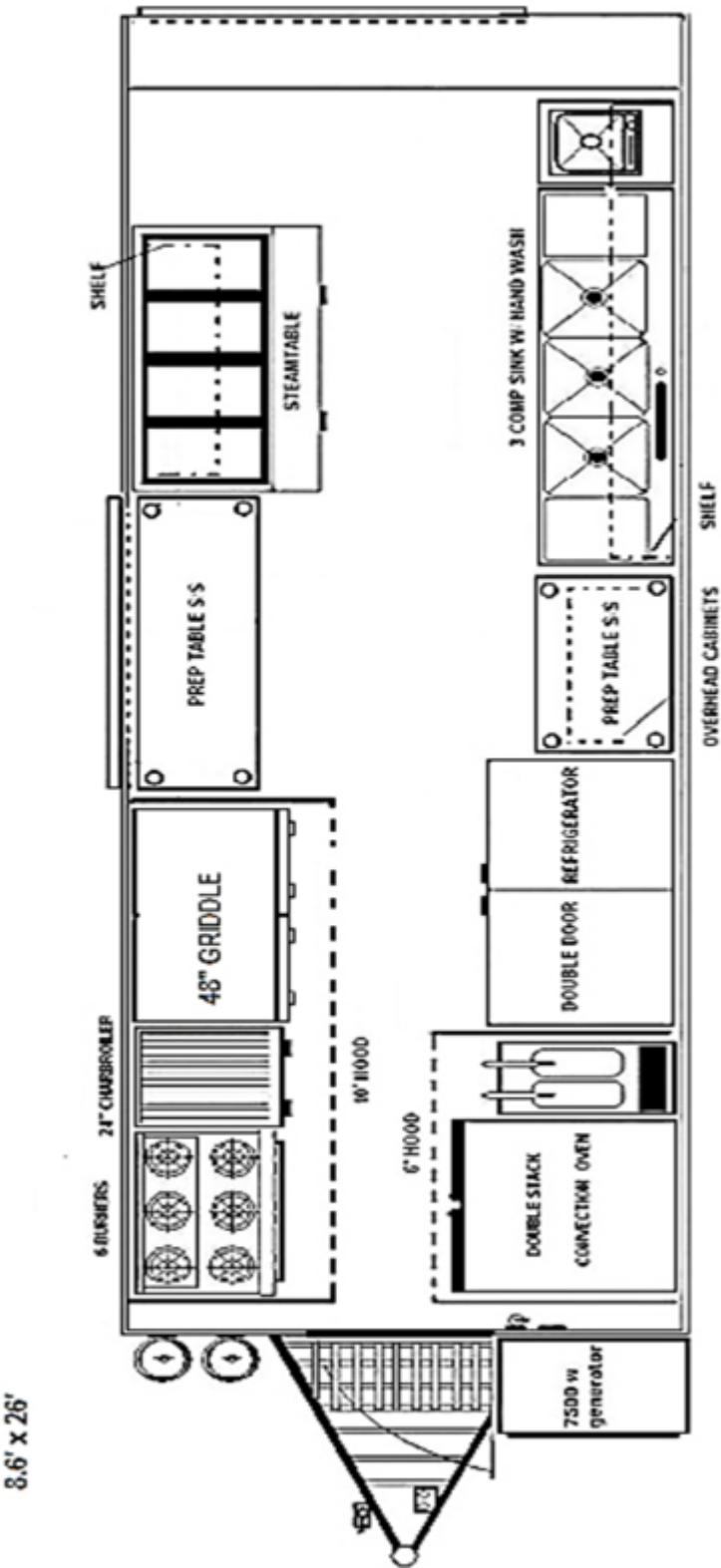
By signing this application, I attest that this application is complete and accurate. I affirm that I will comply with the requirements of WAC 246-215 and SCC 12.36. I agree to pay additional hourly fees incurred for review of these plans in accordance with current Schedule of Charges. I understand that approval of plans does not constitute approval to permit or operate and that all changes in operations must be approved in advance.

Signature		Date	
Print Name		Title	

Skagit County Public Health - Food Establishment Plan Review Application

Appendix A: Example Floor Plan.

Please draw your own establishment at a minimum scale of ¼ in per 1 ft



Tank Sizes	
3 Compartment sink size:	12" x 10" x 14"
Gallons of water to fill 2x:	44 gallons
Hand sink:	14" x 10" x 5.25"
Gallons of water needed:	min 5 gallons
Potable Water Tank:	50 gallons
Waste Water Tank (+15%):	58 gallons

Floor Plan Requirements:

- ☐ Minimum of 8.5 x 11 inches
- ☐ Drawn to scale at a minimum of 1/4 inch = 1 foot
- ☐ Specify any seating, on or off unit
- ☐ Show the location and when requested, elevated drawings of all food equipment. Include:
 - ☐ All hand washing stations, restrooms, sinks, & hot/cold holding equipment
 - ☐ Areas used to prepare raw animal products
 - ☐ Location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment, backflow prevention, and wastewater line connections
 - ☐ Elevations of sneeze guards or barriers at customer self-service lines
 - ☐ Toxic chemical storage areas, dressing rooms, locker areas, and break areas
 - ☐ Entrances, exits, loading/unloading areas
 - ☐ Outdoor cooking, server stations or beverage dispensing equipment
 - ☐ Finish materials for all floors, walls, ceilings, and coved juncture bases

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Appendix B: Other Contacts

All mobile units where employees work aboard must have approval from the WA Department of Labor & Industries (L&I). See <https://lni.wa.gov/licensing-permits/manufactured-modular-mobile-structures/food-trucks-trailers/>

City of Mount Vernon Development Services	City of Mount Vernon Fire Department
910 Cleveland Ave. Mount Vernon WA 98273 360-336-6214 / PermitTech@mountvernonwa.gov https://www.mountvernonwa.gov/117/Development-Services	1901 N. LaVenture Rd. Mount Vernon WA 98273 360-336-6277 / mvinspector@mountvernonwa.gov https://www.mountvernonwa.gov/145/Fire https://ci-mountvernon-wa.smartgovcommunity.com
City of Anacortes Planning, Community, & Economic Development Department	City of Sedro-Woolley Building & Planning Departments
904 6 th St. / PO Box 547 Anacortes WA 98221 360-299-1984 / pced@cityofanacortes.org 360-293-1901 / buildingpermit@cityofanacortes.org https://www.anacorteswa.gov/161/Planning-Community-Economic-Development	325 Metcalf St. Sedro-Woolley, WA 98284 360-855-0771 / permits@sedro-woolley.gov https://www.sedro-woolley.gov/departments/building/index.php
Burlington Community Development	Burlington Fire Marshal's Office
833 S. Spruce St. Burlington, WA 98233 360-755-0077 / kimo@burlingtonwa.gov https://burlingtonwa.gov/105/Community-Development	833 S. Spruce St. Burlington, WA 98233 360-757-6684 kjblaine@burlingtonwa.gov
Town of La Conner Fire Department	Town of La Conner Planning Permits & Codes
14142 Chilberg Rd. La Conner WA 98257 360-333-1989 / firechief@townoflaconner.org https://www.townoflaconner.org/159/Fire-Department	204 Douglas St. / PO Box 400 La Conner WA 98257 360-466-3125 / planner@townoflaconner.org https://www.townoflaconner.org/161/Planning-Permits-Codes
Town of Lyman	Town of Hamilton
8334 S Main St Lyman WA 98263 360-286-3033 / info@townoflyman.com https://www.townoflyman.com/permits	584 Maple St. / PO Box 528 Hamilton WA 98255 360-826-3027 / info@townofhamiltonwa.gov https://www.townofhamiltonwa.com/permits-forms.html
Town of Concrete Building Department	Skagit County Planning & Development Services
45672 Main St. Concrete, WA 98237 360-853-8401 / building@concretewa.gov https://www.townofconcrete.com/building-department/	1800 Continental Pl Mount Vernon WA 98273 360-416-1320 / PDS@co.skagit.wa.us https://www.skagitcounty.net/Planning

Skagit County Food Establishment Permits are only valid within Skagit County. Contact the neighboring local health department for their requirements if you intend to serve any food outside of Skagit County.

Whatcom County Health & Community Services	https://www.whatcomcounty.us/3232/Food-Safety
Snohomish County Public Health	https://www.snohd.org/169/Food-Safety-Program
Island County Public Health	https://www.islandcountywa.gov/187/Food-Safety-Program
San Juan County Health & Community Services	https://www.sanjuancountywa.gov/416/Food-Safety-Program



Skagit County Public Health

Environmental Health

Food & Living Environment

Commissary Agreement

Office Use Only

User Est. ID: _____

Owner Est. ID: _____ ☐ N/A

Review Date: _____ EHS: _____

☐ Approved

☐ Denied

- You must have a commissary agreement if you prepare, store, or clean food or equipment at another location.
- You must submit a new agreement every year or if there are any changes to your operations.
- You must have written approval from Skagit County Public Health BEFORE changing your commissary location.

Commissary User	Select the type of operation using the commissary kitchen:			
	<input type="checkbox"/> Mobile Food Unit		<input type="checkbox"/> Temporary Food Establishment with advance prep	
	<input type="checkbox"/> Catering Operation		<input type="checkbox"/> A fixed food establishment with off-site prep	
	Contact information for the person or business using the commissary:			
	Business Name			
	Contact Person		Phone	
Email				
Mailing Address				

Commissary Owner	Contact information for the person or business who owns/manages the commissary:			
	Business Name			
	Contact Person		Phone	
	Email			
	Physical Address			
	Mailing Address			

NOTE for commissary kitchens not permitted by Skagit County: Attach a copy of the kitchen's current Health Permit and most recent Inspection Report to this application. **The kitchen must be permitted** as outlined in the document *Industry Guide – Commissary Kitchens*.

Operations	Provide the typical hours the Commissary User will have access to the commissary kitchen							
		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
	Start time							
	Stop time							
	How many miles from the commissary to the typical service location?							
Comments								

Skagit County Public Health – Commissary Agreement

Commissary Activities	Select all activities that the Commissary User will do at the Commissary Kitchen. All storage areas must be designated and labeled for use only by the Commissary User .
	<input type="checkbox"/> Fill tank or containers from potable water supply. Public Water System Name/PWSID: _____
	<input type="checkbox"/> Dispose of wastewater via a mop sink, utility sink, or wastewater dump station with a sanitary sewer connection
	<input type="checkbox"/> Use a designated handwashing sink to wash hands
	<input type="checkbox"/> Use a dedicated produce prep sink to wash, soak, or otherwise prepare fruit or vegetables
	<input type="checkbox"/> Use a dedicated meat/seafood prep sink to thaw, wash, or otherwise prepare raw meats
	<input type="checkbox"/> Store food in refrigerators or freezers in designated, labeled locations
	<input type="checkbox"/> Store shelf-stable food in designated, labeled locations
	<input type="checkbox"/> Cut or otherwise prepare raw meat or seafood at a designated station
	<input type="checkbox"/> Cook, grill, fry, or bake food using approved equipment
	<input type="checkbox"/> Cool hot foods for later service in a refrigerator capable of rapidly cooling food to 41°F or below.
	<input type="checkbox"/> Clean and sanitize equipment and/or utensils in a 3-compartment sink or commercial dish machine
	<input type="checkbox"/> Store equipment and/or utensils in designated, labeled locations
	<input type="checkbox"/> Clean mobile food unit, catering trailers, and/or other transport/service vehicles
	<input type="checkbox"/> Use restrooms available on premises

Commissary Owner/Manager Signature

By signing this agreement, I, the **Commissary Owner/Manager**, agree to permit the specified commissary user access to the specified kitchen to perform the activities specified in this agreement. I attest that access and use by the **Commissary User** will not interfere with other food preparation activities in this establishment. I agree to maintain adequate facilities to ensure the safe preparation of food and to provide designated, labeled storage space for exclusive use by the **Commissary User**.

Signature		Date	
Print Name		Title	

Commissary User Signature

By signing this agreement, I, the **Commissary User** agree to perform all activities listed at the specified commissary location. I understand that I must receive written approval in advance from Skagit County Public Health before I make any changes to my operations. I understand that if the specified commissary kitchen revokes my access, closes, changes ownership, or otherwise becomes unavailable I must immediately cease using the kitchen and contact Skagit County Public Health.

Signature		Date	
Print Name		Title	

Skagit County Public Health

301 Valley Mall Way STE 110

Mount Vernon, WA 98273

Phone 360-416-1500 Fax: 360-416-1501

Email: EH@co.skagit.wa.us

**Restroom Agreement- Mobile**

All Mobile food establishments must provide restroom facilities for employees within **500** feet of the food service. A mobile unit **must have access to a restroom if the unit is at a stationary location for more than one hour**. This form must be completed if your food service does not have a plumbed restroom on the premises.

The restroom must have:

- ☐ Hot water between 100°F and 120°F
- ☐ Hand soap
- ☐ Paper towels or approved drying device
- ☐ Sign or poster to remind employees to wash hands
- ☐ Access for customers if seating is provided by food service
- ☐ Availability during all hours of food service

Restroom Accessibility Information:

Name of Business where restroom is located: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Days of operation: _____ Hours of Operation _____

Type of Business: _____

Signature of Owner: _____ Date: _____

Vendor or Mobile Information:

Vendor Business Name: _____

Operator: _____

Location of operation: _____

Phone: _____ E-mail: _____

Signature of Operator: _____ Date: _____

This agreement is not transferable.

A copy of this agreement must remain in the food facility.

EH: _____ Date: _____