

APPLICATION FOR ANNUAL FOOD SERVICE ESTABLISHMENT PERMIT

Establishment Name	FOR HEALTH DISTRICT USE
Establishment Phone Number Email Address	Permit # _____
Street Address	Mail / Delivery / PU _____ By/Date
City ZIP	Risk Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Owner Owner Phone Number	
Mailing Address (if different from establishment)	
City State ZIP	
<input type="checkbox"/> Change in ownership? Please check the box and fill in the necessary information on the back of this application. <u>Permits are NOT transferable.</u>	

Permits are valid through December 31. New permits issued on or after the following dates are pro-rated as follows: April 1st → 75% of annual fee; July 1st → 50% of annual fee; October 1st → 25% of annual fee.



_____ Signature _____ Date

FOOD ESTABLISHMENT CATEGORY: Mark the appropriate categories, **complete** the application, and **submit the original, color-coded application** with correct fee. (See current fee schedule.)

General Food Permit – includes but not limited to restaurant (with or without lounge), concession stand, food stand concession, commissary, bakery, caterer, grocery, limited grocery, private club, retail meat dealer, retail fish dealer, tavern, year round campground/park food service

- Athletic Field Concession Stand
- Grocery
 - With bakery ____ seats
 - With deli ____ seats
 - With meat/fish
 - With specialty fish area
 - Other _____
 - Other _____
- Mobile Food Vehicle (see below)

- 0-12 seats *Seat count includes lounge seats.*
- 13-50 seats
- 51-150 seats
- 151-250 seats
- Over 250 seats

For **Food Stand Concession** or **Mobile Food Vehicle**, please include the following information if applicable:

Commissary: _____ Restroom: _____ License plate #: _____

Refer to back of page for additional requirements.

Rev100108jp



**SNOHOMISH
HEALTH
DISTRICT**

ENVIRONMENTAL HEALTH DIVISION
 Food Program
 3020 Rucker Avenue, Suite 104
 Everett, WA 98201-3900
 425.339.5250 Fax: 425.339.5254

PUBLIC HEALTH
 ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY

CHANGE OF OWNERSHIP INFORMATION:

Date of Transfer of Ownership: _____

Previous Name of Establishment: _____

Previous Permit Holder or Owner: _____

Previous Address (if applicable): _____

A **CURRENT menu is required** to process your application.

CURRENT menu attached:

YES

NO

A **Mobile Food Vehicle** and **Food Stand Concession** **MUST** submit the following information:

- Approved **current** (signed and dated within the last 60 days) commissary agreement
- Current** food preparation steps
- Restroom agreement letter. Restrooms **must be within 200 feet** of the food stand concession location and may **not** be a portable toilet. Restrooms must be available during **all** hours of operation.

In addition, a **Mobile Food Vehicle** requires the following:

- Mobile service location (where you clean, stock mobile unit): _____
- Location of mobile unit when **not** in operation: _____
- Food storage location: _____
- Current** itinerary (please attach)
- Restroom agreement letter for all stops one (1) hour or greater
- Sign on the mobile vehicle stating business name, easily visible to customers during business operations
- All** operations must be contained on the vehicle and under cover at all times

To obtain a permit, a Mobile Food Vehicle **requires an annual inspection and sticker**. Call your inspector at 425.339.5250 to schedule an appointment. The inspection location is at Snohomish Health District, 3020 Rucker Avenue, Everett.