



Facility name _____

To begin the process of changing ownership of an existing food service establishment, you must submit all the items on this list below. Incomplete submittals will not be accepted.

✓		ITEM	DESCRIPTION	Office Intake Use Only
	1	General Plan Review Application	Provide completed general plan review application.	
	2	Change of Ownership Permit Application	Provide completed change of ownership permit application.	
	3	Water and Sewer Review	Complete the Water & Sewer Review form.	
	4	Floor Plan	Provide a floor plan of the entire facility. Floor plan must show location of all equipment (sinks, refrigeration, cooking, hoods, blenders, countertop appliances, etc.), restrooms, storage areas, outdoor cooking areas, etc. Floor plan must be drawn to scale, and measurements included.	
	5	Copy of Menu	Provide a detailed menu of all the food and beverages you will be serving or a list of food and beverages you will be selling. Include condiments, iced beverages and baked goods. Be sure to include menu specials and seasonal items. Only food and beverages listed may be served. All breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus must be submitted.	
	6	Commissary Agreement Letter (If applicable)	For mobile units and food stand concessions, provide a complete commissary agreement letter with a food service establishment permitted in Snohomish County. Hours of operation of the commissary must be the same as the mobile/food stand's hours of operation, or the operator of the mobile/food stand and his/her employees must have keyed access to the commissary.	
	7	Restroom Agreement Letter (If applicable)	For mobile units and food stand concessions, provide a complete restroom agreement letter. Restrooms must be located in a commercial building accessible to the public within 200 feet of the sale site and be connected to water and sewer or an approved septic system. Does not apply to mobile units with sale sites less than one hour.	
	8	Business License	Provide a copy of your Washington State Department of Revenue issued business license.	
	9	Fee	Include application fee.	

Application must be completed <u>in full</u> and submitted <u>with fee(s)</u> and the items listed for processing:				
Reviewed by:			PA Initials:	
TYPE OF PLAN REVIEW (Check applicable box)				
	\$1100 (PE 5672) General Food Plan Review	New food service establishment plan review and pre-operational inspection fee		
	\$250 (PE 5670) Tap Room / Tasting Room Plan Review	New tap room / tasting room plan review and pre-operational inspection fee		
	\$1100 Multiple Permit Facility General Plan Review base fee plus \$305 for each additional permit (PE 5676 & PE 5675)	New multiple permit food service establishment. New food service establishment with multiple permits (I.e., deli, meat/fish, etc.). Fee includes plan review and pre-operational inspection.		
	\$500 (PE 5642) Change of Ownership	Change of ownership includes inspections.		
	\$305 (PE 5685) Alteration to Existing Establishment/Approved Plan	Alteration to currently permitted food service establishment or revision of approved plan. Includes plan review and pre-operational inspection.		
	\$235 (PE 5677) Consultation Fee	Plan review consultation (on or offsite)		
	\$900 (PE 5683) HACCP Review (with or without variance)	Hazard Analysis Critical Control Point (HACCP) plan review with or without a variance – when required by WAC for food proposed food preparation steps. Includes plan review and pre-operational inspection.		
	\$235 (PE 56AM) Variance Request without HACCP Review	Variance request without HACCP Plan review. Includes plan review and pre-operational inspection.		
ESTABLISHMENT INFORMATION			ESTABLISHMENT MAILING ADDRESS	
Establishment Name:			Name:	
Site Address:			Mailing Address:	
City:	ZIP:	City:	State:	ZIP:
OWNER INFORMATION (should match business license)				
Name:			Phone:	
Address:			E-mail Address:	
City:			State:	Zip:
CONTACT INFORMATION (if different than owner)				
Name:			Phone:	
Address:			E-mail Address:	
City:			State:	Zip:
<p><i>Review is based upon requirements of WAC 246-215; Rules & Regulations of the State Board of Health for Food Service Sanitation. Other agency approvals required prior to permitting with the Snohomish County Health Department may include county or city Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.</i></p> <p><i>Signature of the owner or appointed contact person affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Retail Food Code.</i></p>				
Signature:			Date:	
Print Name:				



Change of Ownership Permit Application

Date of ownership change:		Copy given (initial):		Today's Date:	
Former establishment name (if changing):					
Previous owner's name:					
Is facility currently open?	Yes	No	If no, you must submit as a New Establishment and must remain closed.		
Copy of menu submitted:	Yes	No	If no, see statement below, completed and signed agreements must be submitted to Snohomish County Health Department.		
Is this facility connected to an onsite sewage (septic) system? If yes, an additional review by our Land Use program is required.				Yes	No
Will there be changes to kitchen and/or equipment?				Yes	No
If yes, briefly describe changes:					
Please initial each statement below indicating you have read and understand them:					
	I understand that if my facility does not meet the criteria for a change of ownership that I will be directed to close, submit the general plan review application, and pay the difference in application fees. I will not be able to reopen my facility until I obtain approval from the Snohomish County Health Department and other applicable agencies.				
	I understand I must provide a completed and signed Commissary and Restroom Agreement to the Snohomish County Health Department immediately upon request and must have copies available onsite (If applicable) .				
	I understand my facility will be inspected by the Snohomish County Health Department within 30 days. I understand that a fee(s) will be charged if additional inspections are required.				
	I understand that changes and/or improvements may be required.				
	I understand that all changes and/or improvements must be completed by the compliance date listed during my inspection.				
	I understand that my facility may be closed if changes and/or improvements are not completed by the date listed during my inspection.				
	I understand that I may need to make changes that were not required of the previous owner.				
	I understand that all changes to menu, equipment, and the building must be pre-approved in writing by the Snohomish County Health Department.				
	I understand that I may be required to submit a remodel/revision plan review, which has additional fees				
	I understand that I need a certified food protection manager certification within 60 days of the date of change of ownership.				
Print first and last name:					
Owner/responsible party signature:				Date:	
<i>Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Food Code.</i>					



Fill out this form if you are connected to city water and/or sewer services or are planning on having an on-site septic system.

Facility name: _____

Site address: _____

City: _____ State: _____ ZIP: _____

Contact name: _____ Phone: _____

Email: _____

Proposed number of seats: _____

Yes No **Are you a newly constructed facility?**

Yes No **Are you making changes to an existing facility?**

Yes No **Do you have an approved grease interceptor in your facility?**

Your local water/sewer district may require an approved grease interceptor to be installed in the facility. We recommend contacting your local water/sewer agency for information regarding grease interceptor installation.

WATER SYSTEM

This section should be completed by contacting your local public water system official (if different from sewer) and informing them of the scope of your project and proposed new facility address. If necessary, a letter of availability may be provided for new construction.

Name of Public Water Utility Provider: _____

Full Name of Water System Official: _____ Phone: _____

Signature of Water System Official: _____ Date: _____

WASTEWATER SYSTEM

Which type of wastewater system will your facility be connected to?

Public Sewer System On-site Septic System _____(Initial)

On the next page:

Fill out the Public Sewer System section if you are planning on being connected to a public sewer system.

Fill out the On-site Septic System section if you are planning on being connected to an on-site septic system.

Public Sewer System

This section should be completed by contacting your local public sewer system official and informing them of the scope of your project and proposed new facility address. A letter of availability may be provided for new construction.

Name of Public Sewer Utility Provider: _____

Full Name of Sewer System Official: _____ Phone: _____

Signature of Sewer System Official: _____ Date: _____

On-site Septic System

If your facility will be connected to an on-site septic system, your application will also need to be reviewed for approval by the Snohomish County Health Department Land Use team.

New Existing **Is your septic system new or existing?**

After your initial review by the Land Use team, you may be approved, or you may be required to complete some or all of the following:

- Hire a licensed septic system designer or engineer to evaluate the existing on-site septic system and proposed operational/menu changes, and submit one of the following to the Snohomish County Health Department:
 - A statement of adequacy, with reasoning, of existing on-site septic system to support proposed operational/menu changes, or
 - An application for a redesign of the on-site septic system.
- Complete a satisfactory Operation and Maintenance (O&M) septic inspection less than 1 year old. For a list of septic service companies to complete inspection, visit our website at: <https://www.snohd.org/687/Find-a-Septic-Contractor>
- Provide the Snohomish County Health Department with a signed monitoring and maintenance agreement, specific to your on-site septic system, between the owner of the on-site septic system and a certified contractor.

AGENCY LIST:

Water and Sewer Agencies	Contact
Alderwood Water and Wastewater District	425-787-0220, www.awwd.com
Lake Stevens Sewer District	425-334-8588, www.lkstevensseswer.org
Mukilteo Water and Wastewater District	425-355-3355, https://www.mukilteowwd.org/
Silver Lake Water and Sewer District	425-337-3647, https://slwsd.com/
Building Departments	
Arlington Building Department	360-403-3551 https://www.arlingtonwa.gov/243/Building-Permits
Bothell Building Department	425-806-6400 http://www.ci.bothell.wa.us/337/Permit-Center
Darrington Building Department	360-436-1131 https://townofdarrington.com/Departments/building-and-planning/
Edmonds Building Department	425-771-0220 http://www.edmondswa.gov/2011-08-03-22-54-45/building-divison-home.html
Everett Building Department	425-257-8810 https://everettwa.gov/169/Permit-Services
Gold Bar Building Department	360-793-1101 https://cityofgoldbar.us/city-services/permits/permit-applications/
Granite Falls Building Department	360-691-6441 http://ci.granite-falls.wa.us/?page_id=854
Lake Stevens Building Department	425-622-9400 https://www.lakestevenswa.gov/158/Permit-Center
Lynnwood Building Department	425-670-5400 https://www.lynnwoodwa.gov/Services/Apply-for-a-Permit/Building-and-Construction-Permits/Commercial-Permits
Marysville Building Department	425-363-8100 https://www.marysvillewa.gov/109/Permit-Services
Mill Creek Building Department	425-551-7254 https://www.cityofmillcreek.com/city_government/public_works_and_development_services/building
Monroe Building Department	360-863-4501 http://www.monroewa.gov/93/Permitting
Mountlake Terrace Building Department	425-744-6267 https://www.cityofmlt.com/177/Building-Permits
Mukilteo Building Department	425-263-8075 https://mukilteowa.gov/departments/planning-development/permits/?cn-reloaded=1
Snohomish Building Department	360-282-3156 https://www.snohomishwa.gov/661/Permitting
Stanwood Building Department	360-629-2181 https://stanwoodwa.org/205/Building-Permitting
Sultan Building Department	360-793-2231 https://www.ci.sultan.wa.us/171/Building

12.18.24

Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

***ONLY COMPLETE THIS FORM IF YOU ARE PLANNING ON BEING PERMITTED AS A CATERER WITH YOUR ANNUAL CATERING PERMIT OR CATERING ENDORSEMENT.**

A caterer is a person or business that 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; may cook or perform final preparation on certain food at the service location. May be a non-storefront based, pre-ordered meal delivery service operating out of an approved commissary kitchen.

A caterer is NOT a person or business that prepares a specific menu or amount of food in an approved establishment where the food is then picked up or delivered without any open food handling or preparation outside of the approved food establishment.

CATERING ENDORSEMENT/PERMIT COSTS:

Caterer Annual Permit Fee – Varies	An operator that does not have a brick-and-mortar facility who provides catered meals for private events.
Low risk: \$500	
Medium Risk: \$745	
High Risk: \$1025	An annually permitted food service establishment that also provides catering services.
Catering Endorsement Annual Permit Fee	
Additional permit fee \$250	

Check the **one** option below that applies to the purposes of this application:

- I am a New Food Service Establishment applying for a permit and would like to offer catering.
- I am an existing Food Service Establishment that would like to add a catering endorsement.
- I am starting a catering business. *If this option is selected, please complete the [Commissary Agreement](#)

Check all proposed methods of service:

- Self-Service Buffet Line** (onsite catering staff stocks, refills and monitors a buffet as needed)
- Served Buffet Line** (onsite catering staff handles all food and utensils at point of service)
- Table Service** (guests are seated and served in the same manner as a full-service restaurant)

1. What is the maximum number of catered meals you will offer in a day? _____

2. Yes No

Will your catering menu differ in any way from the menu submitted? If yes, address the checkpoint below.

* **~CHECKPOINT~** Did you attach a copy of your proposed catering menu that includes quantities of food offered and any items that differ from other menus you may have submitted? *

3. Yes No

Have you addressed any catering-specific menu items in your Food Preparation Steps (required)?

* **~CHECKPOINT~** Did you update your food preparation steps to include details on how catered menu items will be prepared and transported to offsite events? *

4. Please complete the table below regarding refrigeration storage capacity designated **for the catering operation only**:

List all refrigeration units dedicated to catering food preparation and storage in your commissary:

Equipment	Make and Model Number	# of shelves in unit
<i>Ex. 6x6 Walk-in refrigerator</i>	<i>Amerikooler QC060672</i>	<i>3 wire shelving units 18"x48"</i>

5. Please select which portable handwashing facilities you will be using for catered events from the options below **AND submit a clear picture of your portable handwashing sink setup for review.**



A.



B.



C.

* ~CHECKPOINT~ Did you attach a photograph of your proposed handwash setup? *

6. Please complete the table below for all portable service equipment you will use to serve catered foods onsite at events (*i.e. steam tables, Cambros, portable bars, extra serving utensils etc.*) *Please make additional copies of this table if more space is needed.

Equipment Description	Quantity
<i>Ex. Chafing Dish with lids and Sterno baskets underneath</i>	8

7. What reheating equipment will be used on-site at catered events if food falls below 135°F?
8. Describe the procedures and methods for monitoring holding temperatures while food is on display and being served (*i.e., hourly temperature checks, logbooks, etc.*)

9. Yes No

Will you provide dishes, eating utensils and/or glassware at catered events?

a. If yes, please describe how and where dishes are cleaned after the event

b. If no, please provide the proposed company or service provider for rental dishes and glassware (if applicable)

10. Open food and condiments on display must be protected from contamination. Please select all methods you intend to utilize at catered events:

sneeze guards covers, lids or domes over food containers active monitoring by staff

11. Describe how food preparation, holding and storage areas will be protected from public access or contamination during events (*i.e., tables, signs, active staff monitoring, etc.*)

12. I understand that leftover food items set out for service must be discarded at the end of service. _____ (initial)

13. I understand that unserved food that has warmed or cooled to the temperature danger zone (between 41-135°F) may not be reheated and cooled for later service. _____ (initial)

14. I agree to provide the Snohomish County Health Department a monthly catering schedule. _____ (initial)



**SNOHOMISH
COUNTY HEALTH DEPARTMENT**

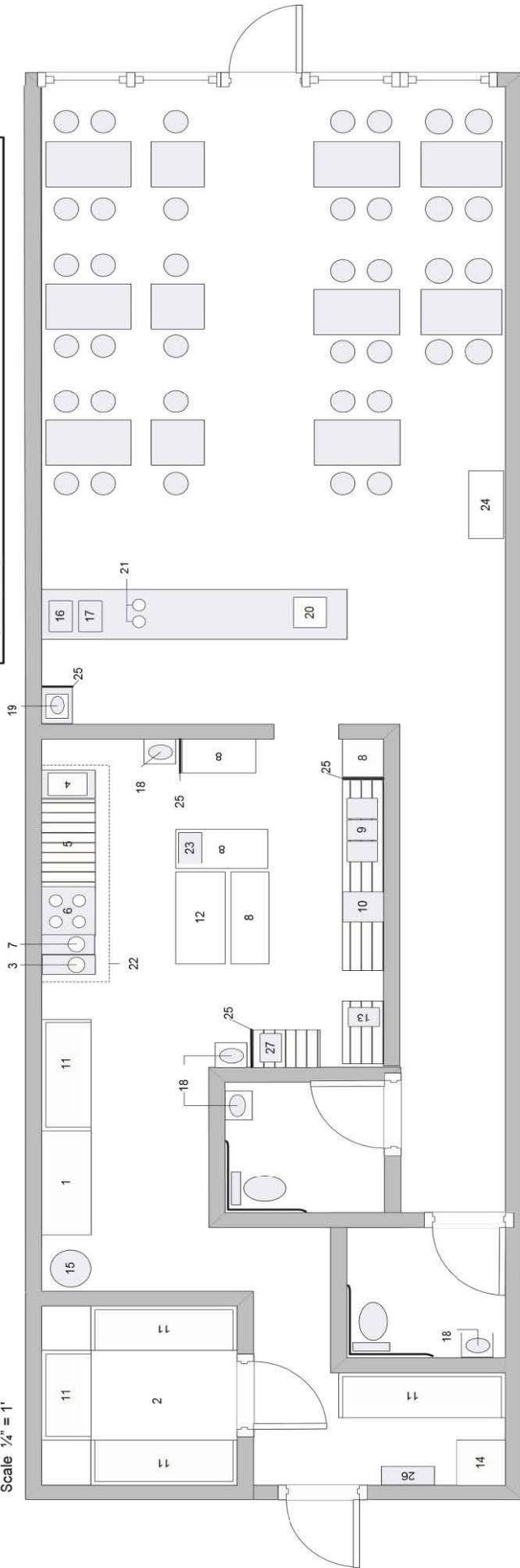
Example Floor Plan

#	Item Name	Qty	Make	Model
1	Freezer	1	ACME	F-15824
2	Refrigerator 8x8 walk-in	1	ACME	R-7890VI
3	Rice cooker	1	ACME	CR-943
4	Deep fryer	1	ACME	DF-876
5	Char-Broiler	1	ACME	CB-123
6	Gas range	1	GAPP	GR-332
7	Work table	4	ACME	CW-3323
8	3-compartment dish wash sink (with 2 drainboards)	1	ACME	EQ-410C
9	Dishwasher	1	GAPP	S-3CND
10	Shelving	5	ACME	DW-1234
11	Refrigerator sandwich prep	1	GAPP	EQ-3S
12	1-compartment produce food prep sink (with drainboard)	1	ACME	S-FPMD
13	Mop sink	1	ACME	S-MOP
14	Hot water heater	1	GAPP	HW-123G
15	Ice machine	1	ACME	IM-987
16	Soda pop fountain dispenser	1	ACME	SP-5000
17	Handwash sink w/ mount	4	ACME	S-HWM
18	Handwash sink	4	ACME	S-HWM
19	Porcelain	4	ACME	PORCLEAN
20	Handwash sink	4	ACME	PORCLEAN
21	Cash register	1	POS	CR-5692
22	Coffee maker	1	GAPP	CM-3745
23	Food ventilation	1	GAPP	EG-HV500
24	Food warmer	1	ACME	EG-HV1000
25	Refrigerator 2 door beverage cooler	1	GAPP	R-2008C
26	Shelving 12 stainless steel	5	ACME	ES-61L
27	Employee storage	1	ACME	ES-61L
28	1-compartment raw meat/seafood food prep sink (with drainboard)	1	ACME	S-FPMD

- One floor plan must be submitted with the name and address of establishment, contact person and phone number.
- Each plan must be drawn to scale (no smaller than 1/4" = 1') and show in detail the following:
 - Number, type and location of all sinks and drainboards.
 - Refrigeration and cooling equipment.
 - Food preparation and service areas.
 - Employee restrooms.
 - Customer restrooms (required if you have indoor or outdoor seating).
 - Dry goods storage area (show detail of shelving area and describe type of shelving).
 - Employee storage (required).
 - Service, bus or wait areas.
- All equipment must be labeled on the floor plan and correspond to the equipment list.

Facility Name: AAA #1 Drive In
Facility Address: 123 Main Street, Everett, WA 98201
Contact Person: J. D. Public
Contact Phone: (425) 339-5250

Scale 1/4" = 1'



Provide copies of your menus. Include all food and beverages you will serve. If the facility is a grocery store serving only fruits, vegetables or commercially prepackaged food, a list of goods sold may be submitted in place of the menu. Be sure to include specials and seasonal items. **Only food and beverages listed may be served. Submit copies of all breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus, fresh sheets, table tops or menu boards.** If a menu board will be used, provide photographs of the menu showing all food and beverages listed. All menu items must be readable in photographs.

A **consumer advisory** is required for all food of animal origin that is offered raw, undercooked or cooked to the customer's specification. Be sure all menu items requiring a consumer advisory are clearly identified and remind the patron that consuming these foods may result in foodborne illness.

The menu, food preparation steps, and the mode of operation may be restricted to protect public health (WAC 246-215).

Sample Menu

AAA #1 Drive In

Breakfast

Pancakes.....	\$2.00
Eggs*, hash browns, bacon, toast.....	\$3.00
Oatmeal.....	\$2.00

Lunch

Ham sandwich.....	\$3.00
Pho soup*.....	\$3.00
Rib eye steak*.....	\$10.00

Dinner

Prime rib*.....	\$10.00
Shrimp pasta.....	\$10.00
Deluxe cheeseburger*.....	\$10.00
Chicken salad.....	\$10.00

Salads

Mixed greens.....	\$3.00
Romaine.....	\$3.00
Caesar*.....	\$3.00

Beverages

Fountain beverages	
Large.....	\$3.00
Medium.....	\$2.00
Small.....	\$1.00
Coffee.....	\$1.00
Tea.....	\$1.00

* These menu items are served raw, undercooked or cooked to your specification.
Consuming raw or undercooked food may increase your risk of foodborne illness.



- I own **both** the business requiring and the business providing commissary services.
- This agreement between the commissary owner and the vendor signifies that both parties agree to the vendor's **access to and use of** the services identified below. The Snohomish County Health Department will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement

Food Service Establishment requiring commissary support to qualify for a permit to operate

Name of Establishment:	
Owner of Establishment:	
Mailing address:	
Phone number(s):	
Email address:	
Business days & hours:	

The following services will be provided by the commissary:

Approved water supply (if yes, attach water/sewer form to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handwashing sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved wastewater disposal (if yes, attach water/sewer form to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food preparation sink for vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Garbage disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food preparation sink for raw meats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dry storage for food and single service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved 3-compartment sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refrigeration space _____cubic feet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved restroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Freezer space _____cubic feet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Entrance key for after-hours access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice in pounds per day _____lbs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Power Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fryer Oil Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Walk-in Refrigerator/Blast Chiller	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commissary sewage system	<input type="checkbox"/> Water/sewer form attached	
Commissary water system	<input type="checkbox"/> Water/sewer form attached	
Is this commissary connected to a septic system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a grease trap required by sewer district or building department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Commissary Agreement

I verify the information provided in this agreement is accurate and we are responsible to comply with the Washington State Food Code (WAC246-215) and will allow access for inspection during business hours for either business.

Commissary name:	
Commissary address:	
Business hours:	
Commissary owner's name:	
Commissary phone:	

Printed Name of Commissary Owner

Signature of Commissary Owner

Date

Printed Name of Food Service Establishment Owner

Signature of Food Service Establishment Owner

Date

FOR MOBILE FOOD UNITS

Washington State Retail Food Code Requirement (WAC 246-215-09126.4): The PERSON IN CHARGE shall document presence at the COMMISSARY on a log, maintain records for one year, and shall make the records available for inspection by the REGULATORY AUTHORITY upon request.

Please read through the following statements and initial to indicate your agreement:

_____ I, the mobile food unit operator, acknowledge that I will be required to maintain logs detailing when I visit my commissary, how often, and for how long.

_____ I, the mobile food unit operator, acknowledge that I will maintain the logs for a minimum of 1 year.

_____ I, the mobile food unit operator, acknowledge that the commissary logs may only be filled out and stored ON-BOARD the mobile food unit.



Date: _____

Food Safety Program
Snohomish County Health Department
3020 Rucker Ave., Suite 104
Everett, WA 98201-3900

Restroom letter for: _____

(Name of Food Stand Concession or Mobile Food Vehicle)

I, _____ have an agreement with _____
(Owner name of Restroom facility) *(Owner name of Food Stand/Mobile)*

giving _____ and his/her employees the right to use the restrooms
(Name of Food Stand/Mobile)

at _____
(Name and address of Restroom facility)

The hours that I allow the restroom to be used are: _____

- These hours are during my normal operating hours.
- These hours are outside my normal operating hours. I have provided afterhours access.

This agreement begins _____. I am not responsible for any actions of _____
(Date) *(Name of Food Stand/Mobile)*

outside of my establishment and may terminate my agreement with _____
(Name of Food Stand/Mobile)

for _____
(Reason for termination of agreement)

I understand that the Snohomish County Health Department has the right to inspect the restroom while the restroom is in operation.

I will notify the Snohomish County Health Department at such time as the agreement is terminated.

Signed: _____
(Restroom Owner)

Date: _____

(Consult your attorney before signing any legal document)