

**ANNUAL NON-PROFIT TEMPORARY FOOD ESTABLISHMENT
(PERMANENT CONCESSIONS)**



GRANT COUNTY HEALTH DISTRICT

1038 W Ivy · Moses Lake, WA 98837

(509) 766-7960 · www.granthealth.org

Date _____
Amt Rcvd _____ PHA _____
Receipt # _____
Permit # _____
NP Attest? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box that applies to your organization. See "Risk Level Descriptions" document for details.

- High Risk Menu Items-\$101 Moderate Risk Menu Items-\$71 Low Risk Menu Items-\$41

PRE-OPENING INSPECTION-----½ Annual License Fee (add'l): _____

Required for all new establishments, new owners, or new locations

PLAN REVIEW-----½ Annual License Fee (add'l): _____

Required for all new construction/conversion

FIELD PLAN REVIEW ONLY-----¼ Annual License Fee (add'l): _____

Required for existing facilities (not currently licensed)

LATE FEE (or operating Without a Valid Permit) -----Double Normal License Fee (add'l): _____

Complete application and attach the following forms:

- Non-profit Attestation Form Floor plan drawing Equipment list Menu

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF FOOD ESTABLISHMENT _____

NAME OF ORGANIZATION IN CHARGE _____

ADDRESS/LOCATION OF OPERATION _____

MAILING ADDRESS _____

NAME OF PRESIDENT/MANAGER/PERSON-IN-CHARGE _____

DAYTIME PHONE # _____ AFTER HOURS # _____

DAYS/HOURS/MONTHS OF OPERATION OR DESCRIPTION OF EVENTS _____

SOURCE OF WATER _____ STATE ID# _____

METHOD OF SEWAGE DISPOSAL _____

IN ACCORDANCE WITH THE PROVISIONS OF ALL APPLICABLE HEALTH ORDINANCES, RULES AND REGULATIONS, I HEREBY APPLY FOR A LICENSE TO OPERATE A FOOD ESTABLISHMENT.

APPLICANT SIGNATURE _____ DATE _____

BY SIGNING I UNDERSTAND THAT:

1. PERMITS ARE RENEWABLE ANNUALLY AND EXPIRE DECEMBER 31. PERMITS SHALL BE RENEWED BY JANUARY 1. DELINQUENT APPLICATIONS AND PERMIT FEES MAY RESULT IN CLOSURE. SEASONAL OPERATIONS SHALL OBTAIN THE PERMIT PRIOR TO THE OPENING DATE.
2. PERMITS ARE NON-TRANSFERABLE, AND ARE VALID ONLY FOR THE CURRENT OPERATOR AND THE ESTABLISHMENT LISTED ON THIS APPLICATION. CHANGES IN THE OPERATION OR LOCATION OF THE FOOD ESTABLISHMENT REQUIRE PRIOR APPROVAL BY THE HEALTH DISTRICT AND MAY REQUIRE ADDITIONAL PERMITS.
3. \$30.00 OF EACH REQUESTED REFUND OF A PERMIT FEE WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.
4. NO NEW PERMIT WILL BE ISSUED TO PERSONS OR BUSINESSES HAVING AN OUTSTANDING DEBT TO GCHD.