

# Food Establishment Permit Application



GRANT COUNTY HEALTH DISTRICT  
1038 W. Ivy Ave • Moses Lake, WA 98837  
(509) 766-7960 • [www.granthealth.org](http://www.granthealth.org)

Date \_\_\_\_\_

Amt. Rcvd \_\_\_\_\_

Paid By \_\_\_\_\_

Receipt # \_\_\_\_\_

Permit Mailed \_\_\_\_\_

This application is for:

- ☐ **New food establishment** - Expected date of opening: \_\_\_\_\_
  - ✓ Plan review application and fee required
- ☐ **Change of ownership** - Previous establishment name: \_\_\_\_\_
  - ✓ If no changes to business, facilities, or menu - "New Ownership Packet" required
- ☐ **Extensive remodeling or significant change of menu of existing establishment**
  - ✓ Plan review application required

## Facility Information:

NAME OF FOOD ESTABLISHMENT \_\_\_\_\_

ADDRESS OF OPERATION \_\_\_\_\_ CITY \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS PHONE# \_\_\_\_\_ APPLICANT PHONE# \_\_\_\_\_

NAME OF WATER SYSTEM \_\_\_\_\_ SEWAGE DISPOSAL SYSTEM ☐ city sewer  
☐ onsite septic

## Owner Information:

TYPE OF OWNERSHIP: ☐ Corporation ☐ Association ☐ Individual ☐ Partnership ☐ Charitable/Nonprofit

OWNER NAME \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

## Operation Schedule:

Hours of operation: \_\_\_\_\_ Days: ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN

1. Is this business seasonal? ☐ No ☐ Yes If yes, list months: \_\_\_\_\_
2. Is this business intermittent? (only operates in conjunction with events, no regular schedule); ☐ No ☐ Yes If yes, fill out "event information list" and attach.

## Type of Food Establishment:

Check one:

- ☐ **Food Service** (restaurant, espresso, quick service, bar/tavern, bakery)
- ☐ **Grocery Store** – Number of registers: \_\_\_\_\_
- ☐ **Mobile Food Unit** – Mobile unit questionnaire, commissary application and agreement letter required
- ☐ **School Food Service**
- ☐ **Commissary only**
- ☐ **Caterer** (independent from restaurant) – Commissary and Agreement letter required
- ☐ **Vending Machine** – Number of Machines: \_\_\_\_\_

## Instructions:

Food Service, Mobile Units, and Grocery must complete Risk Factor section on back to determine Risk Level.

All other types- refer to fee schedule document

<https://granthealth.org/food-application/>

**Risk Factors:** This Food Establishment operation will have the following processes and/or facilities:

(√ check all that apply)

<input type="checkbox"/>	Cold-holding of PHF/TCS food (PHF= potentially hazardous food; TCS= time/temp control for safety food)
<input type="checkbox"/>	Handling or service of unpackaged food
<input type="checkbox"/>	Hot-holding of PHF/TCS food
<input type="checkbox"/>	Reheating for hot-holding (food previously cooked and cooled in the establishment)
<input type="checkbox"/>	Cooking of food from raw state? (meat, poultry/eggs, vegetables, rice, etc.)
<input type="checkbox"/>	Cooling of PHF/TCS food heated in the food establishment
<input type="checkbox"/>	Handling or prep of raw vegetables or fruits (washing, cutting, assembling, etc.)
<input type="checkbox"/>	Handling or prep of raw meat/poultry/fish/seafood
<input type="checkbox"/>	Use of "time as a public health control" instead of, or in addition to, temperature control
<input type="checkbox"/>	Serves a vulnerable or highly susceptible population (children under 5, elderly or immunocompromised persons)
<input type="checkbox"/>	Offers food that is served undercooked or raw with a consumer advisory
<input type="checkbox"/>	Uses any "specialized process" such as vacuum packaging, canning, curing/smoking meats for preservation, etc.
<input type="checkbox"/>	Mobile food unit - readily moveable food establishment, i.e., food truck, concession trailer, pushcart
<input type="checkbox"/>	<b>TOTAL - Use box to the left to write in the total number of risk factors for this food establishment.</b>

**Risk Level:** The total number of risk factors as noted above will determine the food establishment risk level.

1 to 3 risk factors = Level 1

4 to 6 risk factors = Level 2

≥ 7 risk factors = Level 3

**Permit Type & Fees:** Refer to the current fee schedule document to determine your permit type and fees or consult with GCHD staff.

<https://granthealth.org/food-application/>

Type of permit you are applying for: \_\_\_\_\_

Fees included - check all that apply and enter amount to the right

<input type="checkbox"/>	Permit fee (Prorated? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
<input type="checkbox"/>	Plan Review (1/2 permit fee)	
<input type="checkbox"/>	Preopening Inspection (1/4 permit fee)	
<input type="checkbox"/>	Menu or Structural Plan Review only (1/4 permit fee)	
<input type="checkbox"/>	Change of Ownership (see fee schedule)	

Total: \_\_\_\_\_

**Applicant Statement** - fill in your payment amount, read and sign

I HAVE ENCLOSED \$ \_\_\_\_\_ FOR A FOOD ESTABLISHMENT PERMIT AND OTHER APPLICABLE FEES.

**BY SIGNING, I ATTEST TO THE ACCURACY OF THE INFORMATION I HAVE PROVIDED. MY SIGNATURE ALSO AFFRIMS THAT I WILL COMPLY WITH WAC CHAPTER 246-215 AND ALL APPLICABLE GCHD ORDINANCES & POLICIES; AND I WILL ALLOW GCHD REGULATORY STAFF ACCESS TO THE ESTABLISHMENT AND ITS RECORDS AS SPECIFIED IN WAC-246-215.**

**I UNDERSTAND THAT:**

- PERMITS ARE RENEWABLE ANNUALLY. THEY EXPIRE DECEMBER 31 AND SHALL BE RENEWED BY JANUARY 1<sup>st</sup> (SEASONAL ESTABLISHMENTS SHALL RENEW THE PERMIT PRIOR TO THE OPENING DATE). DELINQUENT APPLICATIONS AND PERMIT FEES WILL RESULT IN LATE FEES AND POSSIBLE IN CLOSURE.
- \$30.00 OF EACH REQUESTED REFUND OF A PERMIT FEE FOR A FOOD ESTABLISHMENT WHICH DOES NOT OPERATE DURING THE PERMITTED YEAR WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.

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

APPLICANT NAME (PRINTED) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_