

<u>For Official Use Only</u>
App. Accepted By: _____
Permit #: _____
Date Processed: _____
<input type="checkbox"/>

FOOD SERVICE PERMIT APPLICATION

INSTRUCTIONS:

1. Complete the entire application. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
2. Remit fee with completed application to Public Health office. (Application fee does not include plan review and pre-opening inspection fee for new establishments.)
3. For annual operating permits not renewed within 7 days after expiration date, a late fee of 20% shall be assessed. Within 21 days after expiration, a late fee of 40% shall be assessed. Operations will be suspended if the annual operating permit renewal is delinquent beyond 35 days.
4. Make checks payable to: Kittitas County Public Health Department.
5. A current menu needs to be attached to complete the following application.

Permit Information:	
<input type="checkbox"/>	Permit Renewal
<input type="checkbox"/>	New Applicant
<input type="checkbox"/>	Remodel
<input type="checkbox"/>	New Construction
<input type="checkbox"/>	Change of Name
<input type="checkbox"/>	Change of Ownership

Name of Establishment: _____ Phone: _____

Owner: _____ Phone: _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____

Email Address: _____ Fax: _____

Business Hours: _____

*Please mark all that are applicable to your business. See definitions page for clarification.

1.) General Food Services:	<input type="checkbox"/> Food Level 1	<input type="checkbox"/> Food Level 2	<input type="checkbox"/> Food Level 3
2.) Mobile Food Unit:	<input type="checkbox"/> Food Level 1	<input type="checkbox"/> Food Level 2	<input type="checkbox"/> Food Level 3
3.) Grocery > 5000 sq ft:	<input type="checkbox"/> Meat/Seafood	<input type="checkbox"/> Bakery	<input type="checkbox"/> Deli <input type="checkbox"/> Espresso
4.) Specialized Food Services:	<input type="checkbox"/> Meat/Seafood Market	<input type="checkbox"/> Seasonal Food Service	<input type="checkbox"/> Comprehensive Catering
	<input type="checkbox"/> Farmer's Market	<input type="checkbox"/> Supplemental Catering	<input type="checkbox"/> Commercial Kitchen

ADDITIONAL INFORMATION
<p>If a general food service facility, indicate current seating capacity _____.</p> <p>If you changed facility name, provide previous name: _____.</p> <p>Are you remodeling or installing a new kitchen? Yes ___ No ___ (Plans need to be submitted if yes)</p> <p>Are you using a commissary for off-site food service? Yes ___ No ___ (If yes, submit a commissary agreement.)</p>

My signature below denotes intent to comply with all applicable state and local regulations. It is my understanding that the permit is non-transferable. Failure to fully complete this form or pay the correct permit fee will result in it being returned to the applicant.

Permit Fee: \$ _____ Signature: _____ Date: _____

Receipt #: _____ Print Name: _____ Title: _____

*Fee is non-refundable.

Application is not valid unless it is signed by legal owner.

