



507 N. Nanum Street, Suite 102  
Ellensburg, WA 98926  
T: 509.962.7515 F: 509.962.7581  
www.co.kittitas.wa.us/health/

**FOR OFFICIAL USE ONLY**

Accepted By:

License #:

Date Processed:

Receipt #:

**FOOD SERVICE LICENSE APPLICATION**

Under Washington Administrative Code 246-215-08310, a food establishment applicant shall apply for a license at least 30 calendar days before the date planned for opening a food establishment or the expiration of the current license.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE SENT BACK

Check all That Apply			
<input type="checkbox"/> Food Facility Remodel \$705		<input type="checkbox"/> New Applicant (Plan Review) \$1,115	
<input type="checkbox"/> Change of Ownership \$230		<input type="checkbox"/> Reopening \$320	
General Food Service	Mobile Food Service	Grocery Stores > 5000 ft2 \$450 plus additional below	Specialized Food Service
<input type="checkbox"/> Risk Level 1 \$385	<input type="checkbox"/> Risk Level 1 \$320	<input type="checkbox"/> Meat/Seafood \$385	<input type="checkbox"/> Meat/Seafood \$980
<input type="checkbox"/> Risk Level 2 \$515	<input type="checkbox"/> Risk Level 2 \$530	<input type="checkbox"/> Bakery \$115	<input type="checkbox"/> Comprehensive Catering \$645
<input type="checkbox"/> Risk Level 3 \$580	<input type="checkbox"/> Risk Level 3 \$530	<input type="checkbox"/> Deli \$460	<input type="checkbox"/> Commercial Kitchen \$255
<input type="checkbox"/> Seasonal \$295	<input type="checkbox"/> Seasonal \$295	<input type="checkbox"/> Espresso \$195	<input type="checkbox"/> Seasonal \$295
<input type="checkbox"/> Supplemental Catering \$195		<input type="checkbox"/> Supplemental Catering \$195	<input type="checkbox"/> Supplemental Catering \$195
Establishment Details			
Name:			
Address (City, State, Zip):			
Email Address:			
Days and Hours of Operation:			
Previous Name if Changed:			
Applicant Information			
Name:			
Mailing Address (City, State, Zip):			
Phone Number:			
Email Address:			

*I certify that the information provided is accurate and correct. I agree to comply with Washington State and Kittitas County Environmental Public Health and other applicable regulations regarding the above-named establishment. I agree to provide access to the establishment and records as Washington State and Kittitas County require.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_