

FOOD SERVICE LICENSE RENEWAL

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

Applicant Information

Name:

Mailing Address:

City, State, Zip Code:

Phone Number:

Email Address:

Establishment Details:

Name:

Address:

City, State, Zip Code:

Email Address:

Days and Hours of Operation:

A copy of the current menu must be attached to the application

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

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: _____