



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: _____
Permit #: _____
Date Processed: _____
Receipt #: _____

## FOOD SERVICE PERMIT APPLICATION

- Complete the entire application.**  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
- Remit fee with application to Public Health office. (Application fee does not include plan review and pre-opening inspection fee for new establishments. Application must be approved before beginning construction, operation, or remodeling changes.)
- For annual operating permits not renewed before expiration date, October 31<sup>st</sup>, but before one calendar month has passed, a late fee of 20% shall be assessed. If the annual operating permit has not been renewed within one calendar month of its expiration date, a late fee of 40% of the annual fee shall be assessed. Operations shall be suspended if the annual operating permit renewal is delinquent beyond 35 calendar days of expiration. A 40% late fee shall be assessed along with a reopening fee if permit is renewed after suspension of operations.**
- Make checks payable to: Kittitas County Public Health Department.
- If menu has changed please submit a revised copy.

CHECK ALL THAT APPLY:
<input type="checkbox"/> Permit Renewal <i>(Must Complete Table Below)</i>
<input type="checkbox"/> New Applicant <i>(Must Complete Table Below)</i>
<input type="checkbox"/> Food Service Remodel (\$620)
<input type="checkbox"/> Food Service Plan Review (\$1,115)
<input type="checkbox"/> Change of Ownership (\$435)
<input type="checkbox"/> Reopening – Same Owner (\$495)

### Establishment Information:

Name of Establishment: \_\_\_\_\_

Establishment Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Establishment Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant: \_\_\_\_\_

Directly Responsible for Establishment

Applicant Phone Number: \_\_\_\_\_ Establishment Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Establishment Days of Operation: \_\_\_\_\_

Establishment Hours of Operation: \_\_\_\_\_

If seasonal food service, please list months of operations (no more than 6 months):

\_\_\_\_\_



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Please check boxes that pertain to your type food service:			
<b>General Food Services:</b>	<input type="checkbox"/> Food Level 1 (\$370)	<input type="checkbox"/> Food Level 2 (\$495)	<input type="checkbox"/> Food Level 3 (\$680)
<b>Mobile Food Unit:</b>	<input type="checkbox"/> Food Level 1 (\$310)	<input type="checkbox"/> Food Level 2 (\$620)	<input type="checkbox"/> Food Level 3 (\$680)
<b>Grocery &gt;5000 ft<sup>2</sup>: (\$555+)</b>	<input type="checkbox"/> Meat/Seafood (+\$370)	<input type="checkbox"/> Bakery (+\$125)	<input type="checkbox"/> Deli (+\$495) <input type="checkbox"/> Espresso (+\$185)
<b>Additional or Specialized Food Services:</b>	<input type="checkbox"/> Meat/Seafood Market (\$1050)	<input type="checkbox"/> Seasonal Food Service (\$435)	<input type="checkbox"/> Commercial Kitchen (\$435)  <input type="checkbox"/> Variance of WAC 246-215 or HACCP on file <b>IF NO DOCUMENTATION HAS BEEN PREVIOUSLY SUBMITTED, MAKE APPT WITH INSPECTOR.</b>
	<input type="checkbox"/> Supplemental Catering (+\$185)	<input type="checkbox"/> Comprehensive Catering (\$620)	
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Serving highly susceptible population	
<b>Additional Information:</b>			
<p>If you changed facility name, provide previous name: _____.</p> <p>Has the facility changed ownership? Yes ___ No ___ (If yes, a change of ownership must be approved.)</p> <p>Have you submitted a copy of the establishment menu? Yes ___ No ___.</p> <p>Are you remodeling or installing a new kitchen? Yes ___ No ___ (If yes, plans must be submitted for approval.)</p> <p>Are you using a commissary for off-site food service? Yes ___ No ___ (If yes, submit a commissary agreement.)</p>			
<p><b>My signature below attests to the accuracy of the information provided above. It 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. Fee is non-refundable. Application is not valid unless it is signed by legal owner.</b></p>			
Signature:		Date:	
Print Name:			
Applicant Title (Owner, Manager, etc.):			

Total Permit Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_