



To Protect and Promote the Health and the Environment of the People of Kittitas County

FOR OFFICIAL USE ONLY:
 Accepted By: _____
 Permit #: _____
 Date Processed: _____
 Update CAMAS?

FOOD SERVICE PERMIT APPLICATION

1. Complete the entire application. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
2. Remit fee with application to Public Health office. (Application fee may not include plan review and pre-opening inspection fee for new establishments. *Application must be approved before beginning construction, operation, or implementing changes.*)
3. For annual operating permits not renewed before expiration date but before one month has passed, a late fee of 20% shall be assessed. If the annual operating permit has not been renewed within one 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 days. A 40% late fee shall be assessed along with a reopening fee if permit is renewed after suspension of operations.
4. Make checks payable to: Kittitas County Public Health Department.
5. If menu has changed please submit a revised copy.

Check all that apply:

Permit Renewal (See Below)
 New Applicant (See Below)
 Remodel (\$370)
 New Construction (\$475)
 Change of Ownership (\$255)
 Reopening (\$185)
 HACCP Assistance (\$595)

Name of Establishment: _____

Applicant: _____ Phone: _____
Directly Responsible for Establishment

Does Applicant have Immediate Supervisor? No Yes (If yes, include name, title, address, and phone on page2.)

Ownership By (**Circle One**): Association / Corporation / Individual / Partnership / Other _____
(If Applicant is not the owner, provide names, titles, and addresses of the persons comprising legal ownership and the local resident agent if applicable on page 2.)

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____

Email Address: _____ Business Hours: _____

General Food Services:	<input type="checkbox"/> Food Level 1 (\$370)	<input type="checkbox"/> Food Level 2 (\$555)	<input type="checkbox"/> Food Level 3 (\$590)
Mobile Food Unit:	<input type="checkbox"/> Food Level 1 (\$405)	<input type="checkbox"/> Food Level 2 (\$515)	<input type="checkbox"/> Food Level 3 (\$590)
Grocery >5000 ft²: (\$405+)	<input type="checkbox"/> Meat/Seafood (+\$295)	<input type="checkbox"/> Bakery (+\$220)	<input type="checkbox"/> Deli (+\$295)
Additional or Specialized Food Services:	<input type="checkbox"/> Meat/Seafood Market (\$630)	<input type="checkbox"/> Seasonal Food Service (\$255)	<input type="checkbox"/> Commercial Kitchen (\$330)
	<input type="checkbox"/> Supplemental Catering (+\$330)	<input type="checkbox"/> Comprehensive Catering (\$515)	<input type="checkbox"/> Variance of Chapter 246-215- REQUIRES ADDITIONAL DOCUMENTATION SEE KITTITAS COUNTY PUBLIC HEALTH FOR DETAILS.
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Serve only highly susceptible population	

ADDITIONAL INFORMATION

If you changed facility name, provide previous name: _____.

Are you remodeling or installing a new kitchen? Yes ___ No _____. (If yes, plans must be submitted for approval.)

Are you using a commissary for off-site food service? Yes ___ No _____. (If yes, submit a commissary agreement.)

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.

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

Receipt #: _____ Print Name: _____ Title: _____

*Fee is non-refundable. Application is not valid unless it is signed by legal owner. Revised 1.2017

ADDITIONAL SUPERVISOR AND/OR OWNERSHIP INFORMATION: _____

REQUEST FOR VARIANCE

Note: There are currently no fees for variance requests in Kittitas County. This is subject to change.

NAME OF ESTABLISHMENT _____

DATE _____ PERSON TO CONTACT REGARDING VARIANCE _____

DAYTIME PHONE _____ EMAIL _____

I request a variance from the following requirement(s):

Temperature Control (Establishment will use Time as a Public Health Control)

Cooling of cooked Potentially Hazardous Foods (Establishment will be monitoring with rapid cooling time & temperature logs)

Food Workers Cards (Establishment staff does not handle food or food equipment in anyway)

Other: _____

I am unable to comply with standard procedures as outlined in WAC 246-215 because: _____

I will do the following to protect public health: _____

Additional Information: _____

Printed Name _____ Signature _____

FOR OFFICIAL USE ONLY:

VARIANCE ACCEPTED _____
Signature of EH Specialist Date

VARIANCE DENIED _____
Signature of EH Specialist Date

CONDITIONS/REASONS: _____

