



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 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.
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

Ownership By (**Circle One**): Association / Corporation / Individual / Partnership / Other _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____

Email Address: _____ Business Days/Hours: _____

If seasonal food service, please list months of operations: _____

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 11.2017