

FOOD ESTABLISHMENT PERMIT APPLICATION



Stevens and Ferry County: 240 E Domion, Colville, WA 99114

Pend Oreille County: 605 Hwy 20, Newport, WA 99156

This application is for: NEW ESTABLISHMENT CHANGE IN OWNERSHIP ANNUAL RENEWAL

Name of Food Establishment: _____

Facility / Business Information	
Site Information	Mailing Information
Address _____	Address _____
City _____ State <u>WA</u> Zip _____	City _____ State _____ Zip _____
Business Phone _____	
Primary Manager _____	
Supervisor Phone _____	
Contact Email _____	
Owner Information	
Type of Ownership: <input type="checkbox"/> Sole Proprieter <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Owner Name(s) _____	
Mailing Address _____	
City _____ State _____ Zip _____	
Telephone # _____ Cell Phone # _____	
Email _____	
Operation Information	
This Food Establishment is: <input type="checkbox"/> Permanent / Stationary <input type="checkbox"/> Mobile	
Type of Operation? <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (list months) _____	
Days of Operation (circle please) Sun Mon Tues Wed Thurs Fri Sat	
Hours of Operation: Open Time _____ : _____ AM/PM Closing time _____ : _____ AM/PM	
Seating: Inside # _____ Outside # _____	
Is alcohol served? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name Garbage Removal Service: _____	
Water System Name/Provider _____	

This application is hereby made for a permit to operate an established food service. By signing this application, it is agreed that the applicant attests to the accuracy of the information provided in the application. In addition, the applicant will comply with Chapter 246-215 of the Washington Administration Code (WAC) as well as all rules and regulations pertaining to food establishments created and approved by the Northeast Tri-County Health District.

Signature _____ Date _____

FOR OFFICE USE ONLY

(Revised 3/2017)

Date Rcvd	Amt Rcvd	Rcpt #	Approved By	Classification
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