



Garfield County Health District
 121 South 10th Street – Po Box 130
 Pomeroy, WA 99347
 Phone: (509) 843-3412 Fax: (509) 843-1935
swolf@co.garfield.wa.us

GCHD Official Use Only	
Date Received:	_____
Receipt Number:	_____
Permit Number:	_____

APPLICATION FOR PERMIT TO CONDUCT A FOOD SERVICE ESTABLISHMENT

Application for permit as defined in Rules and Regulations Governing Food Service Establishments (WAC 246-215 Food Service) and in accordance with the Rules and Regulations of the Garfield County Board of Health Governing the Sanitation of Food Service Establishments. Applications must be submitted **at least 30 calendar days** before the date planned for opening a food establishment or the expiration of the current permit for an existing facility. You must fill out this application and return it with your fee to the Garfield County Health District. PLEASE PRINT.

Ownership and Establishment Information	
Business Name:	_____
Business Address:	_____
	Street City State Zip Code
Billing Address (if different):	_____
	Street City State Zip Code
Business Phone:	_____ Email Address: _____
Owner(s) Name:	_____ Date of Birth: _____ Owner Phone: _____
Owner(s) Address:	_____
	Street City State Zip Code
Ownership Type:	<input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____

Business Information	
Business is (Check one):	<input type="checkbox"/> Mobile <input type="checkbox"/> Stationary Business is (Check one): <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
Type of Business (check all that apply):	
<input type="checkbox"/> Coffee Stand	<input type="checkbox"/> Convenience Store
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Simple Menu
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> School/Greek Kitchen
<input type="checkbox"/> Catering w/Restaurant	<input type="checkbox"/> Catering Only
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Hotel Continental Breakfast
<input type="checkbox"/> Small Grocery	<input type="checkbox"/> Large Grocery
<input type="checkbox"/> Mobile Unit- Simple Menu	<input type="checkbox"/> Mobile Unit- Complex Menu
<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Coffee Shop w/Food Prep

PERMITS ARE NOT TRANSFERABLE

Make remittance payable to **GARFIELD COUNTY HEALTH DISTRICT**

Food Specifics of Establishment

The operation includes (check one):

Simple Preparation: prepares, offers for sale, or serves potentially hazardous food (i.e. food that requires time/temperature control)

If yes, then (check all that apply):

- Only to order upon consumer's request
- In advance quantities based on projected consumer demand and discards food that is not sold or served
- Using time as a public health control under WAC 246-215-03530

Complex Preparation: prepares potentially hazardous food in advance using a food preparation method that involves two or more steps including; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.

If yes, then (check all that apply)

- Prepares food as specified above for delivery or catering
- Prepares food as specified for immediate consumption
- Prepares food as specified above for service to a highly susceptible population

Prepares only food that is not potentially hazardous or does not require time/temperature control (attach menu)

Does not prepare, but offers for sale only pre-packaged food that is not potentially hazardous food.

Other Business Contacts:

Person directly responsible for the food establishment:

Name: _____

Title: _____

Address: _____

Phone: _____

Person who functions as the immediate supervisor of the person above (such as zone, district, or regional supervisor):

Check if same as above

Name: _____

Title: _____

Address: _____

Phone: _____

Any other person comprising the legal ownership not addressed above:

Check if same as above Check if not applicable

Name: _____

Title: _____

Address: _____

Phone: _____

Local resident representative if one is required based on the type of legal ownership:

Check if same as above Check if not applicable

Name: _____

Title: _____

Address: _____

Phone: _____

I, _____, certify that the information provided in this application is accurate. I affirm that I will comply with Washington Administrative Code 246-215 Food Service. I agree to allow the regulatory authority of Garfield County access to the establishment as specified under 08415 and to the establishment records specified under 03290, 05280 and 08215 (4)(f) of the Washington Administrative Code 246-215 Food Service.

Applicant Signature: _____ **Date:** _____