



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Food Establishment Permit Application

Fee: _____ Fee Code: _____

Food Establishment Name:	Food Establishment Phone Number:
Street Address:	City:
Mailing Address:	City/State/Zip
Email Address:	
Type of Owner: Individual Partnership Corporation Association	
Other legal entity. If "Other", please Describe: _____ _____	

Owner or Officer's name:	Title:
Mailing Address:	City/State/Zip:
Telephone:	Email Address:
Name of person in Charge:	Title:
Mailing Address:	City/State/Zip:
Immediate Supervisor:	Telephone:
Mailing Address:	City/State/Zip:
Applicant's Name:	Telephone:
Mailing Address:	City/State/Zip:
Date of Birth:	



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Circle the month or partial months you provide food:											
Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Circle the day or partial days you provide food:											
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday					
What time do you open each day?											
Monday _____ a.m. /p.m. Tuesday _____ a.m. /p.m. Wednesday _____ a.m. /p.m.											
Thursday _____ a.m. /p.m. Friday _____ a.m. /p.m. Saturday _____ a.m. /p.m. Sunday _____ a.m. /p.m.											
What time do you open each day?											
Monday _____ a.m. /p.m. Tuesday _____ a.m. /p.m. Wednesday _____ a.m. /p.m.											
Thursday _____ a.m. /p.m. Friday _____ a.m. /p.m. Saturday _____ a.m. /p.m. Sunday _____ a.m. /p.m.											
(Seasonal operations that operate less than 180 days annually must provide this office with a schedule prior to opening for the season. The permit will be sent to you once the schedule is received and approved by this office.)											

For new owners of existing, permitted Food Establishments: A Change of ownership fee is \$180	
Previous Food Establishment Name:	
Date of Transfer to New Owner:	
Will the menu & facilities be the same as the previous operation at this location?	
<input type="checkbox"/>	Yes
If no, please ask for and submit a Plan & Menu Review Checklist.	
<input type="checkbox"/>	No
Attachments required for a change in ownership:	
<ol style="list-style-type: none">1. Written agreements. Provide written agreements with business providing you with restrooms, food preparation facilities, and/or back-up refrigeration if any of these are not available in the establishment. Agreements must state the days of the week and hours of the day, the employees will have access to the facilities. If a restroom agreement is needed for employees and seating is provided for customers, the written agreements must state the days of the week and hours of the day the restrooms will be available to both employees and customers.2. Caterer owner change: Complete Appendix I –Catering Application and a Plan and Menu Review for Food Service Establishments. Both forms are available at 200 Valley Mall Parkway, East Wenatchee and/or on our website at www.cdhd.wa.gov	

In accordance with the provisions of all applicable health ordinances, rules and regulations, I hereby apply for a permit to operate a food service establishment. I attest that the information given in this application is accurate. I agree to allow the Chelan-Douglas Health District access to the establishment as specified under §8-402.11 and to the records specified under –§§203.12 and 5-205.13 and Subparagraph 8-201.14 (4) (f). I Understand:

1. *Permits expire January 31st of each year. The applicant is responsible for completion of the permit renewal and notify the Chelan-Douglas Health District of all changes in the food service establishment mailing address, billing address, and/or phone number.*
2. *Re-inspection fees will be charged when additional inspections are made following unsatisfactory routine inspections, or if follow-up inspection are needed to confirm correction of high-risk items.*
3. *My food service must meet the requirements of the Chelan-Douglas Sanitary Code and WAC 246-215 – Rules and Regulations of the State Board of Health for Food Service. (Copies are available on request or at www.doh.wa.gov/ehp/sf/Pubs/FoodRule/food-rule-working-doc.pdf).*
4. *Permits are valid for the **food establishments approved Plan and Menu Review**. Permits are valid for the designated owner and establishment street address. **Permit fees are non-refundable and permits are not transferable.***
5. *The health office may require a food service establishment owner to limit or modify food preparation/service and may delete some menu items when the available facilities are inadequate.*

Print name of person Signing:

Title:

Signature of applicant:

Date:

Mail or bring the completed application and payment to :

**Chelan-Douglas Health District
Environmental Health Division
200 Valley Mall Parkway
East Wenatchee, WA 98802**

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

☐ Approved ☐ Not Approved

Signature, Chelan-Douglas Health District

Date