



Permit Transfer Fee: _____ Fee Code: _____

FOOD ESTABLISHMENT PERMIT APPLICATION

Chelan-Douglas Health District 200 Valley Mall Parkway, East Wenatchee, WA 98802 509-886-6450

Food Establishment Name: _____
 Street Address: _____
 Food Establishment phone: _____ city
 Mailing Address: _____
 Email Address: _____ city/state/zip

Type of Owner: Individual Partnership Corporation Association
 Other legal entity. If "Other", please describe: _____

Owner or officer's name: _____ Title: _____
 Mailing Address: _____
 Telephone: _____ city/state/zip

Resident Agent's name: _____ Title: _____
 Mailing Address: _____
 Telephone: _____ city/state/zip

Name of person in charge: _____ Title: _____
 Mailing Address: _____
 Telephone: _____ city/state/zip

Immediate Supervisor: _____ Title: _____
 Mailing Address: _____
 Telephone: _____ city/state/zip

Applicant's Name: _____
 Mailing address: _____
 Date of Birth: _____ city/state/zip
 Telephone: _____

Circle the months or partial months you provide or prepare food:

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Circle the days of the week you provide or prepare food:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time do you open each day? M_____ TU_____ W_____ TH_____ F_____ SA_____ SU_____

What time do you close each day? M_____ TU_____ W_____ TH_____ F_____ SA_____ SU_____

(Seasonal operations that operate on an irregular schedule 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:

Previous Food Establishment Name: _____

Date of Transfer to New Owner: _____

Will the menu & facilities be the same as the previous operation at this location? Yes No

If no, please ask for and submit a Plan & Menu Review Checklist.

An additional inspection fee of \$138 must be paid at the time of the transfer to the new owner.

Permit fees are pro-rated after July 31st.

Attachments required for a change in ownership:

- Written agreements.** Provide written agreements with businesses 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 agreement must state the days of the week and hours of the day the restrooms will be available to both employees and customers.
- Caterer owner change:** Complete Sections I (Agency Approvals), VIII (Labeling) and IX (Transport) of the Plan and Menu Review Checklist. This form is available at 200 Valley Mall Parkway, East Wenatchee and 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 §§3-203.12 and 5-205.13 and Subparagraph 8-201.14(4)(f). I understand:

- Permits expire January 31st of each year. The applicant is responsible for completion of the permit renewal and notifying the Chelan-Douglas Health District of all changes in the food service establishment mailing address, billing address, and/or phone number.*
- Re-inspection fees will be charged when additional inspections are made following unsatisfactory routine inspections, or if follow-up inspections are needed to confirm correction of high risk items.*
- 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).*
- Permits are valid only 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.***
- The health officer 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.*

Printed 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**

For further information call: 509-886-6450

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

Approved Not Approved

Signature, Chelan-Douglas Health District

Date