



Cowlitz County Health & Human Services Departments

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Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
Joe Gardner District 3

PERMIT APPLICATION FOR A FOOD SERVICE ESTABLISHMENT

THIS FORM MUST BE COMPLETELY FILLED OUT **FRONT AND BACK** AND **SIGNED** FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT.
FAILURE TO COMPLETE MAY RESULT IN THE RETURN OF THE APPLICATION AND DELAY YOUR PERMIT ISSUANCE OR RENEWAL.

FACILITY INFORMATION

Facility Name (dba) _____
Site Address _____ City _____ State _____ Zip _____
Site Mailing Address _____ City _____ State _____ Zip _____
Operator/Manager _____ **Primary Establishment Email** _____
Facility Phone Number _____ Facility Fax _____ Cell Phone _____

BILLING INFORMATION

Billing Name _____ Primary Contact _____
Billing Address _____ City _____ State _____ Zip _____
Billing Phone _____ Billing Fax _____ Email _____

OWNER INFORMATION Check Box if same as Billing Information and skip duplicate info

Association Corporation Individual/Sole Proprietor Partnership Other _____
#1 Owner Name _____ #2 Owner Name _____
#1 Home Address _____ #2 Home Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
#1 Phone _____ #2 Phone _____

COMPLETE REQUIRED FACILITY INFORMATION ON THE BACK OF THIS FORM

Attached a copy of the current menu for review? Yes No
Is this a Change in Ownership? Yes No
If there is a change in ownership: Date of Change: ____/____/____
Previous Establishment Name: _____
Are you making any changes to the menu or equipment? Yes No

YOUR SIGNATURE TO THIS FORM ATTESTS TO THE ACCURACY OF THE INFORMATION AND AFFIRMS AS APPLICANT THAT YOU WILL COMPLY WITH WAC 246-215 AND ALLOW THE HEALTH DEPARTMENT ACCESS TO THE ESTABLISHMENT AS SPECIFIED UNDER 08415 AND TO RECORDS SPECIFIED UNDER 03290 AND 05280 AND SUBPARAGRAPH 08120. CHANGES TO OWNERSHIP, MAILING ADDRESS, OR IN OPERATION SHOULD BE REPORTED TO THE HEALTH DEPARTMENT IMMEDIATELY.

Signature of Applicant _____ Birth Date _____ Today's Date _____
Printed Name _____ Phone Number _____
Mailing Address of Applicant _____

OFFICE USE ONLY

EHS Reviewer: _____ Food Type: _____ Fee Code: _____ Fee Amount: _____ Fast Track Fee (6020): Yes
Operator Change Fee (5625): _____ Database Update: _____ PHClinic Update: Yes
Check Number: _____ Date Paid: _____ Total Fee Paid: _____ PHClinic Number: _____ Clerk Initials: _____

ALL PERMITS ARE NON-TRANSFERABLE; ALL FEES ARE NON-REFUNDABLE

FACILITY TYPE (Check all that apply)

- Bakery
- Banquet Rooms
Number of Rooms _____
- Bed and Breakfast
Number of Bedrooms _____
- Catering Facility
- Catering Offsite from Permitted Facility
- Catering Vehicle
Commissary Location: _____
License # _____
- Convenience Store (Grocery/Deli)
- Continental Breakfast
- Cocktail Lounge
Number of lounges: _____
Total Seating: _____
- Deli (Department inside Grocery)
- Grocery
Number of Registers: _____

- Meat Market
- Mobile Food Unit
Commissary Location _____
- Preschool
- Pushcart/Espresso Stand/Juice Bar/
Shake Bar/ Tasting Room - (circle one)
Commissary Location _____
- School Cafeteria/Central Kitchen
- School Service Kitchen
- Restaurant
Number of Seats _____
- Seafood Market
- Seasonal (operates less than 100 days per year).
Attach schedule of events.
 Mobile or Stationary
- Tavern (no Food/Limited Food)
- Vending Machines
Number of Sites with PHF _____
- Other: Specify: _____

FOOD SERVICE OPERATION

Operational Days and Hours Open: M Tu W Th F Sa Su Hours of Operation _____ to _____
 Alternate Days and Hours Open: M Tu W Th F Sa Su Hours of Operation _____ to _____

Describe your food preparation: check all that apply

- Prepares, offers for sale, or serves potentially hazardous food:
 - Only to order** upon customer's request
 - In advance** in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency, or
 - Has a written plan to use **time as a public health control** as specified under WAC 246-215 03530
- Prepares potentially hazardous food in advance using a method involving two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing;

If you cook and **cool potentially hazardous foods**, do you use: **Shallow Pan Method** or **Timed Method**

Foods are prepared for **delivery** to and consumption at a location off the premise where it is prepared.

- Prepares Food for Service to a **Highly Susceptible Population**
Highly Susceptible Population is defined as: Persons who are more likely than others in the general population to experience foodborne disease because they are: (1) immunocompromised, preschool age, or older adults; and (2) are obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center hospital or nursing home, or nutritional or socialization services such as a senior center.
- Prepares only food that is **not potentially hazardous**, or
- Does not prepare, but offers for sale **only prepackaged food that is not potentially hazardous.**

NEWSLETTER INFORMATION

Where would you like your newsletter sent to? Site Mailing Address Billing Address Owner Address