



# Cowlitz County Health and Human Services

PHONE: 360-414-5599 FAX: 360-425-7531

WEBSITE: www.co.cowlitz.wa.us/hhs

Main Campus: 1952 9th Avenue, Longview, WA 98632 askcowlitzhealth@cowlitzwa.gov  
Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

## PERMIT APPLICATION FOR A FOOD SERVICE ESTABLISHMENT

**ALL PERMITS ARE NON-TRANSFERABLE, ALL FEES ARE NON-REFUNDABLE**

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) \_\_\_\_\_ Store/Franchise # \_\_\_\_\_  
Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Site Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Manager \_\_\_\_\_ Facility Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Establishment Email \_\_\_\_\_

### BILLING INFORMATION

Billing Name \_\_\_\_\_ Primary Contact \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Phone \_\_\_\_\_ Email \_\_\_\_\_

**OWNER INFORMATION**  Check box if same as "Billing Information" and skip duplicate information

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 \_\_\_\_\_

Is this a change in ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of change: ____/____/____	If yes, proposed opening date: ____/____/____
Previous establishment name: _____	
Are you making changes to the menu or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Your signature on this form attests to the accuracy of the information and affirms as applicant that you will comply chapter 246-215 WAC 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 or UBI \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Mailing Address of Applicant \_\_\_\_\_

### COMPLETE REQUIRED FACILITY INFORMATION ON THE BACK OF THIS FORM

<b>OFFICE USE ONLY</b>	EHS Reviewer:	PHClinic #	
Facility Type _____ Fee code: _____ \$ _____		Date Paid	
Facility Type _____ Fee code: _____ \$ _____		Payment Type	
Facility Type _____ Fee code: _____ \$ _____		Total Paid	
Additional Fees <input type="checkbox"/> 5666 Fast Track (less than 14 days' notice) <input type="checkbox"/> 5625 Operator Change/No Plan Review		Database Updated	
		PHClinic Updated	

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

**FACILITY TYPE (CHECK ALL THAT APPLY)**

- |  |   |
|--|---|
| <input type="checkbox"/> Bakery  | <input type="checkbox"/> Preschool  |
| <input type="checkbox"/> Bed and Breakfast<br>Number of Bedrooms: _____                      | <input type="checkbox"/> Pushcart/Espresso Stand/Juice Bar/<br>Shake Bar/ Tasting Room - (circle one)<br>Commissary Location: _____ |
| <input type="checkbox"/> Catering Facility   | <input type="checkbox"/> School Cafeteria/Central Kitchen   |
| <input type="checkbox"/> Catering Offsite from Permitted Facility                            | <input type="checkbox"/> School Service Kitchen   |
| <input type="checkbox"/> Convenience Store (Grocery/Deli)                                    | <input type="checkbox"/> Restaurant<br>Number of Seats: _____   |
| <input type="checkbox"/> Continental Breakfast   | <input type="checkbox"/> Seafood Market   |
| <input type="checkbox"/> Cocktail Lounge<br>Number of lounges: _____<br>Total Seating: _____ | <input type="checkbox"/> Seasonal (operates less than 100 days per year).<br>Attach schedule of events.                             |
| <input type="checkbox"/> Deli (Department inside Grocery)                                    | <input type="checkbox"/> Mobile or <input type="checkbox"/> Stationary  |
| <input type="checkbox"/> Grocery<br>Number of Registers: _____                               | <input type="checkbox"/> Tavern (no Food/Limited Food)  |
| <input type="checkbox"/> Meat Market   | <input type="checkbox"/> Vending Machines<br>Number of Sites with PHF: _____  |
| <input type="checkbox"/> Mobile Food Unit<br>Commissary Location: _____                      | <input type="checkbox"/> 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 time/temperature control for safety food (TCS):
  - 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 TCS food in advance using a method involving two or more steps which may include combining TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing;
  
- 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 TCS**, or
  
- Does not prepare but offers for sale **only prepackaged food that is not TCS**.