



# Cowlitz County Health & Human Services Department

1952 9th Avenue  
Longview, WA 98632  
TEL (360) 414-5599  
FAX (360) 425-7531  
[www.co.cowlitz.wa.us/hhs](http://www.co.cowlitz.wa.us/hhs)

## Board of County Commissioners

Arne Mortensen      District 1  
Dennis Weber        District 2  
John Jabusch         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**

Click days to select

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