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# APPLICATION FOR A PERMIT TO OPERATE A

Spokane Regional Health District  
Environmental Public Health Division  
1101 W. College Ave, Room 402  
Spokane, WA 99201-2095  
(509) 324-1560 Ext.2

Please return application with payment. Checks should be made payable to: Spokane Regional Health District

Fee: (As set by the Board of Health)

Expiration Date:

**PLEASE TYPE OR PRINT ALL OF THE FOLLOWING INFORMATION:**

Establishment Name:	
Establishment Address:	
Establishment Phone Number:	
Establishment Mailing Address:	
Owner's Name:	Owner's Home Phone Number:
Owner's Home Address:	Cell Number:
	E-Mail:
Manager's Name:	
Manager's Home Phone Number:	
Months Open: From:	To:
Hours Open: Mon:	Tue: Wed: Thu: Fri: Sat: Sun:
Source of Water Supply:	
Method of Waste Water Disposal:	

Mobile Food Unit / Caterer Only: (Please Attach Itinerary Route/Schedule)

Unit Number (If operating more than one):
Check if: <input type="checkbox"/> Fully Self-Contained <input type="checkbox"/> Operates in Conjunction with Commissary (Submit Commissary Agreement)

**\*\*\*THE FOLLOWING MUST BE COMPLETED\*\*\***

Will there be any remodeling?  Yes  No

If YES, provide: Plans or to-scale drawing and finish construction material list.

Will there be any changes in equipment?  Yes  No

If YES, provide: Equipment list including brand names and model numbers.

Have there been any menu changes since your last application?  Yes  No

If YES, provide: Revised menu and food preparation steps.

**I certify that the information given herein is correct and true to the best of my knowledge, and I agree to notify and obtain approval from SRHD prior to any changes of ownership, operation, or menu.**

(Signature of Authorized Representative)

Date

For Office Use Only:	
Reg# _____	Date _____ Check# _____ Amount \$ _____ Paid by _____
Permit# _____	Date _____ Permit by _____ Approved by _____ Date _____
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> New Establishment <input type="checkbox"/> Other Specify _____

# Food Establishment Permit Application

## Page Two - Supplemental Information



Establishment Name: \_\_\_\_\_  
 Establishment Address: \_\_\_\_\_ Fax: \_\_\_\_\_

WAC 246-215, as referenced in Section 8-302.14 of the *Washington State Retail Food Code Working Document*, requires that Spokane Regional Health District obtain the following additional information regarding your food establishment:

Food Establishment is:  Mobile or  Stationary  Permanent or  Temporary

Food establishment is owned by an:  Individual  Partnership  Association  
 Corporation  Other legal entity \_\_\_\_\_

Name and birth date of permit applicant: \_\_\_\_\_  
Name Birth date

List the names, titles, and addresses of all persons comprising legal ownership of this establishment (including the owners, officers, and local resident agent) *even if they are listed on page one of the application*. Attach additional sheets as necessary:

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
_____	_____

Provide the following information for the *person directly responsible* for this food establishment:

Name: _____	Title: _____
Address: _____	Phone: _____
_____	Email: _____

Provide the following information for the *supervisor* of the above person (e.g., district manager):

Name: _____	Title: _____
Address: _____	Phone: _____
_____	_____

**Note to Permit Applicant:** *By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with WAC 246-215, and will allow Spokane Regional Health District access to the establishment and its records as specified in WAC 246-215 and/or as referenced in the Washington State Retail Food Code Working Document.*

\_\_\_\_\_  
 Signature of Permit Applicant Date

\_\_\_\_\_  
 Print Name Phone