



102 1st St.
 Asotin, WA 99402
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For Office Use Only	
App Accepted By	
Other Materials	Code
<input type="checkbox"/> E SPECS <input type="checkbox"/> MENU	
<input type="checkbox"/> ILL <input type="checkbox"/> PLAN	
<input type="checkbox"/> COMS <input type="checkbox"/> CG <input type="checkbox"/> HW	

FOOD SERVICE APPLICATION

- New Construction (Complete Sections 1, 2, 3, 6)**
- Change of Menu (Complete Sections 1, 5, 6)**
- Remodel (Complete Sections 1, 4, 6)**
- Change of Ownership (Previous Name of Establishment: _____) (Sections 1, 2, 3, 6)**

SECTION 1: BUSINESS AND CONTACT INFORMATION

Note: Mailing Address will be the "Address of Record" for all communication mailed from this Department

Date of Application	Proposed Opening Date	Applications must be approved before beginning construction, operation, or implementing changes.	
Food Establishment Name	Telephone Number () () ()	Fax Number () () ()	
Food Establishment Physical Address	City	State	Zip Code
Owner's Full Name	Daytime Phone () () ()	E-mail	
Mailing Address	City	State	Zip Code

SECTION 2: FOOD SERVICE CLASSIFICATION

Style of Service (Please check all that apply) Quick service/Take out/Drive-thru Delivery

Buffet/Self-serve Table service Cafeteria-style Other _____

Type of Food Establishment

Full Menu: Restaurant School or Institution Caterer Other _____

Limited Menu: Espresso B&B Tavern or Winery Seasonal or Concession Stand

Retail: Grocery Deli Meat Seafood Bakery Produce

Seating Capacity	Maximum Number of Food Employees per Shift
<input type="checkbox"/> Zero (0) <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 200+	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51+

Water Source: Will this establishment be connected to municipal water <i>and</i> sewer?	Yes	No
Catering: Will this establishment arrange, prepare, or serve food off site?	Yes	No
Seasonal: Will this establishment operate less than 6 months of each year? If yes, Start Date: _____ End Date: _____	Yes	No
Commissary: Will this establishment (such as a mobile food unit or caterer) need to use a separate facility for food prep, storage, or cleaning? <i>If yes, complete Commissary Application.</i>	Yes	No
Smoking: State law prohibits smoking inside public facilities. (This includes establishments that serve food or beverages to the public.) Will your establishment be non-smoking?	Yes	No

SECTION 3: MENU OVERVIEW

Note: Application must include complete list of menu items

Please check all that apply:

High Risk Groups: Will this establishment <i>primarily</i> serve children under the age of 10, adults over the age of 65, or people with weakened immune systems (such as those on dialysis)?	Yes	No
Raw Animal Products: Will this establishment use raw meats, poultry, or fish?	Yes	No
Consumer Advisory: Will this establishment serve raw or undercooked meats, poultry, fish, eggs, or shellfish?	Yes	No
Cooling: Will this establishment cool foods, such as when preparing pasta salads or cooling leftovers for later service?	Yes	No
Packaging: Will this establishment package food in an <i>air-tight</i> package, such as shrink-wrap, sous vide, reduced-oxygen, or vacuum packaging?	Yes	No
Shellfish: Will this establishment serve or sell molluscan shellfish such as oysters, clams, mussels, or scallops?	Yes	No
Holding Tank: Will this establishment have water tanks to hold live shellfish such as crab, lobster, clams, or mussels?	Yes	No

SECTION 4: REMODEL
COMPLETE THIS SECTION WHEN PLANNING TO REMODEL

1. Describe planned changes to the establishment.

****Note: significant changes to the facility (such as changes to the electrical, equipment, or plumbing) may require additional information, changes, or plan review.*

2. Will the seating capacity change? Yes No If yes, what will be the final seating capacity? _____

3. Will the Hours of Operation change? Yes No If yes, complete times:
 Hours of Operation Sun: ____ to ____ Mon: ____ to ____ Tue: ____ to ____ Wed: ____ to ____ Thu: ____ to ____ Fri: ____ to ____ Sat ____ to ____

4. Will the number or location of any sinks or plumbing change?	Yes	No
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5. Will any refrigeration, cooking, hot holding, or washing equipment be moved, added, or removed?	Yes	No
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6. Will the number or location of restrooms change?	Yes	No
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7. Will any wall, floor, or ceiling finishes change?	Yes	No
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8. Point of contact during remodel:	Name _____	Telephone Number () _____
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SECTION 5: CHANGE OF MENU
COMPLETE THIS SECTION IF CHANGING THE MENU

1. Attach a separate sheet with all menu items that will be added to/removed from the menu.

****Note: significant changes to the menu may require additional information, equipment changes, or plan review.*

Please check all that apply:	<i>Before</i> Menu Change	<i>After</i> Menu Change
2. This establishment <i>primarily</i> serves children under the age of 10, adults over the age of 65, or people with weakened immune systems (such as on dialysis).	<input type="checkbox"/>	<input type="checkbox"/>
3. This establishment uses raw meats, poultry, fish, eggs, or shellfish.	<input type="checkbox"/>	<input type="checkbox"/>
4. This establishment serves raw or undercooked meats, poultry, fish, eggs, or shellfish.	<input type="checkbox"/>	<input type="checkbox"/>
5. This establishment cools potentially hazardous foods.	<input type="checkbox"/>	<input type="checkbox"/>
6. This establishment packages food in an air-tight package, such as shrink-wrap, sous vide, reduced-oxygen, or vacuum packaging.	<input type="checkbox"/>	<input type="checkbox"/>
7. This establishment serves or sells molluscan shellfish such as oysters, clams, or mussels.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: SIGNATURE

I certify by signature that I am the owner or designee of the establishment. I further certify that I grant permission to allow the Health Officer and/or representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of WAC 246-215, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Asotin County Health District Board of Health Regulations or WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

Note: It is the applicant's responsibility to ensure compliance with all other applicable state, county, and city agencies before operating the establishment listed on this application.

Applicant's Signature	Date
Applicant's Printed Name	(509) _____ Phone Number