



**Jefferson County Environmental
Public Health Department**
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Port Townsend, WA 98368
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Email: foodsafety@co.jefferson.wa.us
Website: www.jeffersoncountypublichealth.org

For Office Use:	
Date Rec'd _____	Receipt # _____
Amt. _____	Check # _____
Permit # _____	Category _____
Comments: _____	

Food Service Establishment Permit Application

Change of owner/menu or equipment or Minor Floor Plan Modifications

Change of owner, menu or equipment as well as remodeling of an existing establishment must submit this application and accompanying documents with appropriate fee* to Jefferson County Public Health (JCPH). Plan review is required for this application.** Please allow at least 3 weeks to review all documents prior to opening, remodeling or construction in order to ensure that the needed documents are adequate, and/ or allow for modifications that may be required. Once the Plan Review is complete and the establishment is ready for opening, call the JCPH for a pre-opening inspection at least 1 week in advance. **Do not open without JCPH approval.**

****Plan Review fee (minimum 2 hours, \$96.00 per hour = \$192.00) (NON-REFUNDABLE). Payment is required upfront.**

***Additionally, Annual Food Service Permit fees will be determined upon completion of plan review.**

New Owner/Change of Owner Fee: \$119.00 (NON REFUNDABLE) establishment permit conditions do not change.

FACILITY INFORMATION

This application is for (Check one):

- Change of owner
 Change of menu
 Change of Equipment
 Minor Floorplan Modification

Type of Food Service Establishment (Check any category that applies): Other

- Restaurant
 Bakery
 Commercial Kitchen/Concession Church
 Meat/Fish Market
 Restaurant/Take-Out
 Bed & Breakfast
 Espresso Stand
 Mobile Unit
 Tavern/brewery
 Caterer
 Grocery
 School Cafeteria

Name of Establishment _____			
Address of Establishment _____		City _____	Zip _____
E-Mail _____		Establishment Phone (____) _____	
Manager/Operator _____		Phone # (____) _____	
Property Tax Parcel # _____		Planned Opening Date _____	

Business Owners Legal Name _____		E-Mail _____	
Mailing Address _____		City _____	State _____ Zip _____
Bill To (check one) <input type="checkbox"/> Legal Owner <input type="checkbox"/> Establishment Location		Phone (____) _____	

Days of Operation _____	Hours of Operation _____
# of Seats in Food Establishment _____	# of Staff (Maximum per shift) _____
Meals to be served (check all that apply):	
Breakfast _____	Lunch _____ Dinner _____

<u>Water Source (Name of Water System and State ID #)</u> _____	<u>Sewage Disposal (check one)</u> <input type="checkbox"/> Public Sewer <input type="checkbox"/> On-Site Septic (submit current monitoring inspection report)
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The following documents must be included in order to process your permit application:

(For more detailed information on the detail required for each of these items, see the New Food Establishment Guide)

_____ Proposed Menu (including seasonal, off-site and banquet menus)	
_____ Floor Plan drawn to scale of the food establishment showing the locations of all equipment, plumbing, electrical services and mechanical ventilation as well as finished surface materials (See our Plan Review Guide for more specific information)	
_____ Equipment schedule	_____ Site plan (plot plan)

Mobile Unit specific documents:	
_____ Map of all parking locations and parking times	_____ Restroom agreement letter for all stops of one (1) hour or greater
_____ If using someone else’s approved kitchen, an agreement or contract from the kitchen owner for use.	_____ Vending location agreement letter for all vending locations

Mobile Food Establishment Information (Only needed if the type of establishment is a mobile unit)

Locations where the unit will be set up _____		
Hours of operation at each location _____		
Address of Commissary Kitchen _____	City _____	Zip _____
L & I # _____	License Plate # _____	Outside Area _____
Location of mobile unit when NOT in use _____		

SIGNATURE

The undersigned manager or owner does hereby make application to operate a Food Establishment in compliance with the Rules and Regulations of Washington State (WAC 246-215) and the Local Board of Health Ordinance Chapter 8.05 Jefferson County Code. The above information, supplied by me, is true to the best of my knowledge.

I UNDERSTAND THAT:

1. Permits are renewable annually and expire January 31st. Permits shall be renewed before expiration. Delinquent applications are permit fees may result in closure.
2. Permits are non-transferable, and are valid only for the current operator and the establishment listed on this application. Changes in the operation or location of the food service establishment require prior approval by the Jefferson County department of Public Health. Additional requirements, documentation and/or permits may be required. Approval of these plans and specifications by the Jefferson County Department of Public Health does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).
3. No new permit will be issued to persons or businesses that are not in compliance with current the current rules and regulations listed above or that have an outstanding debt owed to the Jefferson County Department of Public Health.

Printed Name

Signature

Date