



Whitman County Environmental Health Department  
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WCHD Official Use Only	
Date Received:	_____
Receipt Number:	_____
Permit Number:	_____

### APPLICATION FOR PERMIT TO CONDUCT A FOOD SERVICE ESTABLISHMENT

Application for permit as defined in Rules and Regulations Governing Food Service Establishments (WAC 246-215 Food Service) and in accordance with the Rules and Regulations of the Whitman County Board of Health Governing the Sanitation of Food Service Establishments. Applications must be submitted **at least 30 calendar days** before the date planned for opening a food establishment or the expiration of the current permit for an existing facility. You must fill out this application and return it with your fee to the Environmental Health Department. PLEASE PRINT. **Application is made to conduct the following named establishment for the period ending: January 31.**

Ownership and Establishment Information	
<b>Business Name:</b>	_____
<b>Business Address:</b>	_____
	Street City State Zip Code
<b>Billing Address (if different):</b>	_____
	Street City State Zip Code
<b>Business Phone:</b>	_____ <b>Email Address:</b> _____
<b>Owner(s) Name:</b>	_____ <b>Date of Birth:</b> _____ <b>Owner Phone:</b> _____
<b>Owner(s) Address:</b>	_____
	Street City State Zip Code
<b>Ownership Type:</b>	<input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____

Business Information	
<b>Business is (Check one):</b>	<input type="checkbox"/> Mobile <input type="checkbox"/> Stationary <b>Business is (Check one):</b> <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
<b>Type of Business (check all that apply):</b>	
<input type="checkbox"/> Coffee Stand	<input type="checkbox"/> Convenience Store <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Ice Cream Shop
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Simple Menu <input type="checkbox"/> Hotel Continental Breakfast <input type="checkbox"/> Coffee Shop w/Food Prep
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> School/Greek Kitchen <input type="checkbox"/> Small Grocery <input type="checkbox"/> Large Grocery
<input type="checkbox"/> Catering w/Restaurant	<input type="checkbox"/> Catering Only <input type="checkbox"/> Mobile Unit- Simple Menu <input type="checkbox"/> Mobile Unit- Complex Menu

### PERMITS ARE NOT TRANSFERABLE

Make remittance payable to **WHITMAN COUNTY DEPARTMENT OF PUBLIC HEALTH**

**Food Specifics of Establishment****The operation includes (check one):**

**Simple Preparation:** prepares, offers for sale, or serves potentially hazardous food (i.e. food that requires time/temperature control)

**If yes, then (check all that apply):**

- Only to order upon consumer's request  
 In advance quantities based on projected consumer demand and discards food that is not sold or served  
 Using time as a public health control under WAC 246-215-03530

**Complex Preparation:** prepares potentially hazardous food in advance using a food preparation method that involves two or more steps including; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.

**If yes, then (check all that apply)**

- Prepares food as specified above for delivery or catering  
 Prepares food as specified for immediate consumption  
 Prepares food as specified above for service to a highly susceptible population

**Prepares only food that is not potentially hazardous or does not require time/temperature control (attach menu)**

**Does not prepare, but offers for sale only pre-packaged food that is not potentially hazardous food.**

**Other Business Contacts:****Person directly responsible for the food establishment:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Person who functions as the immediate supervisor of the person above (such as zone, district, or regional supervisor):**

Check if same as above

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Any other person comprising the legal ownership not addressed above:**

Check if same as above     Check if not applicable

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Local resident representative if one is required based on the type of legal ownership:**

Check if same as above     Check if not applicable

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, certify that the information provided in this application is accurate. I affirm that I will comply with Washington Administrative Code 246-215 Food Service. I agree to allow the regulatory authority of Whitman County access to the establishment as specified under 08415 and to the establishment records specified under 03290, 05280 and 08215 (4)(f) of the Washington Administrative Code 246-215 Food Service.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_