



Food Establishment Permit Application

**Applicant - Please verify and make any changes necessary to the form below.
Form must be completed before permit can be issued.**

Establishment	Establishment name:			
	Physical address:		City:	State: Zip:
	Phone#:	Fax#:	Email:	
	Ownership: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association Corporation Other legal entity:			
	Mailing Address:			

Owner	Legal or corporate owner name*:		Title:	Birthdate:
	Owner home address:		City:	State: Zip:
	Phone#:	Cell#:	Email:	
	<i>* List names, titles, & addresses of all other persons comprising legal ownership of this establishment on an additional sheet of paper.</i>			

Person Respon.	Person directly responsible for this establishment:			Title:
	Address:		City:	State: Zip:
	Phone#:	Cell#:	Email:	

Super-visor	Supervisor of the above person (e.g., district manager):			Title:
	Address:		City:	State: Zip:
	Phone#:	Cell#:	Email:	

Months open:				
Days & hours open:	<input type="checkbox"/> Mon hours:	Tue hours:	<input type="checkbox"/> Wed hours:	
<input type="checkbox"/> Thu hours:	Fri hours:	Sat hours:	<input type="checkbox"/> Sun hours:	

Source of water supply:
Method of wastewater disposal:
Have there been any menu changes since your last application? <input type="checkbox"/> Yes No If yes, provide a revised menu and food preparation steps for the new menu items.
Mobile unit / caterer ONLY: Attach an itinerary/schedule of operation and Commissary Agreement (if a commissary is used).

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 (SRHD) access to the establishment and its records as specified in WAC 246-215.

Signature of Permit Applicant

Printed Name

Date

**Please return application with payment to 1101 W College Ave, Room 402, Spokane WA 99201-2095
Make checks payable to Spokane Regional Health District.**

SRHD Office Use Only	Permit type:		/	Exp. date:	Fee:
	Reg. #:		Check #:	Amount:	Paid by:
	Permit issued by:	Issue date:	Approved by:	Approved date:	
	<input type="checkbox"/> Change of ownership <input type="checkbox"/> New establishment <input type="checkbox"/> Other, specify:				