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FOR OFFICIAL USE ONLY
Accepted By: _____
Permit #: _____
Date Processed: _____
Receipt #: _____

FOOD SERVICE PERMIT APPLICATION/RENEWAL

In accordance with Washington Administrative Code 246-215-08310, a food establishment applicant shall submit an application for a permit 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.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE SENT BACK.

Food Service Establishment Information

Mailing Address

Name: _____	Owner Name: _____
Street: _____	Street: _____
City: _____ Zip: _____	City: _____ Zip: _____
Business Phone: _____	Applicants Phone: _____
Email Address: _____	
Establishment Days & Hours of Operation: _____	
If seasonal food service, list months of operation (no more than 6 months): _____	

Check All That Apply:

<input type="checkbox"/> Permit Renewal <i>(Must Complete Table Below)</i>	<input type="checkbox"/> New Applicant <i>(Must Complete Table Below)</i>
<input type="checkbox"/> Food Facility Remodel (\$625)	<input type="checkbox"/> Food Facility/Service Plan Review (\$965)
<input type="checkbox"/> Change of Ownership (\$130)	<input type="checkbox"/> Reopening – Same Owner (\$320)
<input type="checkbox"/> Copy of Menu Attached with Application	

Please Check Boxes That Pertain to Your Type of Food Service:

General Food Services:	<input type="checkbox"/> Food Level 1 (\$385)	<input type="checkbox"/> Food Level 2 (\$515)	<input type="checkbox"/> Food Level 3 (\$580)
Mobile Food Units:	<input type="checkbox"/> Food Level 1 (\$320)	<input type="checkbox"/> Food Level 2 (\$645)	<input type="checkbox"/> Food Level 3 (\$705)
Grocery > 5000 ft ² : (\$450)	<input type="checkbox"/> Meat/Seafood (\$385)	<input type="checkbox"/> Bakery (\$130)	<input type="checkbox"/> Deli (\$515) <input type="checkbox"/> Espresso (\$195)
Additional or Specialized Food Services:	<input type="checkbox"/> Meat/Seafood Market (\$1,095)	<input type="checkbox"/> Seasonal Food Service (\$450)	<input type="checkbox"/> Commercial Kitchen (\$255)
	<input type="checkbox"/> Supplemental Catering (\$195)	<input type="checkbox"/> Comprehensive Catering (\$645)	<input type="checkbox"/> Delivery

I certify that the information provided is accurate and correct. I agree to comply with Washington State and Kittitas County Environmental Public Health and other applicable regulations regarding the above-named facility. I agree to provide access to the facility and records as required by code.

Signature: _____	Date: _____
Print Name: _____	

Total Permit Fee: \$ _____ **Receipt #:** _____