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## FOOD SERVICE APPLICATION

**Please Submit 14 business days before opening**

### SECTION 1: BUSINESS AND CONTACT INFORMATION

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

Food Establishment Name		Date of Application	
Food Establishment Website	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
Ownership Type	<input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		

### SECTION 2: FOOD SERVICE CLASSIFICATION

<b>Style of Service</b> (Please check all that apply)		<input type="checkbox"/> Quick service/Take out/Drive-thru	<input type="checkbox"/> Delivery
<input type="checkbox"/> Buffet/Self-serve	<input type="checkbox"/> Table service	<input type="checkbox"/> Cafeteria-style	<input type="checkbox"/> Other _____
<b>Type of Food Establishment</b>			
Full Menu:	<input type="checkbox"/> Restaurant <input type="checkbox"/> School or Institution <input type="checkbox"/> Caterer <input type="checkbox"/> Other _____		
Limited Menu:	<input type="checkbox"/> Espresso <input type="checkbox"/> B&B <input type="checkbox"/> Tavern or Winery <input type="checkbox"/> Seasonal or Concession Stand		
Retail:	<input type="checkbox"/> Grocery <input type="checkbox"/> Deli <input type="checkbox"/> Meat <input type="checkbox"/> Seafood <input type="checkbox"/> Bakery <input type="checkbox"/> Produce		
<b>Seating Capacity</b>		<b>Maximum Number of Food Employees per Shift</b>	
<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+		
<b>Water Source:</b> Will this establishment be connected to municipal water?		Yes	No
<b>Wastewater disposal:</b> Is the Establishment on a Septic System?		Yes	No
<b>Catering:</b> Will this establishment arrange, prepare, or serve food off site?		Yes	No
<b>Seasonal:</b> Will this establishment operate less than 6 months of each year? If yes, Start Date: _____ End Date: _____		Yes	No
<b>Commissary:</b> 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
<b>Smoking:</b> 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*

<b>Circle correct answer for each question:</b>		
<b>High Risk Groups:</b> 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
<b>Raw Animal Products:</b> Will this establishment use raw meats, poultry, or fish?	Yes	No
<b>Consumer Advisory:</b> Will this establishment serve raw or undercooked meats, poultry, fish, eggs, or shellfish?	Yes	No
<b>Cooling:</b> Will this establishment cool foods, such as when preparing pasta salads or cooling leftovers for later service?	Yes	No
<b>Packaging:</b> 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
<b>Shellfish:</b> Will this establishment serve or sell molluscan shellfish such as oysters, clams, mussels, or scallops?	Yes	No

<b>Holding Tank:</b> Will this establishment have water tanks to hold live shellfish such as crab, lobster, clams, or mussels?	Yes	No
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**SECTION 4:  
FOOD SPECIFICS OF ESTABLISHMENT (Check all that apply)**

**Simple Preparation:** prepares, offers, or serves TCS foods (food requiring time/temperature control for safety)

- Only to order upon consumer's request
- In advance quantities based on projected demand and discards food that is not sold or served
- Using time/temperature control as the measurement, according to WAC 246-215 – 03530, to store and/or discard food

**Complex Preparation:** prepares potentially hazardous food (food requiring time/temperature control) using two or more steps including: cooking, cooling, reheating, hot or cold holding, freezing or thawing.

- 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

**Not Potentially Hazardous:** Prepares only food that is NOT potentially hazardous or does not require time/temperature control

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

**SECTION 5:  
OTHER BUSINESS CONTACTS**

List all persons, other than those listed above, who are directly responsible for the food establishment including supervisors, zone or district managers, other legal owners, local resident representatives, or managers:

Full Name	Title	Phone # With Area Code	Email Address

**SECTION 7:  
ACKNOWLEDGEMENT & SIGNATURE**

My signature certifies that I am the owner or designee of the establishment and that the information provided in this application is accurate. 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 any section or subsection of WAC 246-215, said food will be voluntarily removed from human food channels by me 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.

*Reference: 03290,05280,08215(4)(f) of the Washington Administrative Code 246-215*

<p><b>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.</b></p>	<p>_____ Applicant's Signature</p>	<p>_____ Date</p>
	<p>_____ Applicant's Printed Name</p>	<p>_____ Phone Number</p>