



102 1st St. / PO Box 306
 Asotin, WA 99402
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 www.asotincountypublichealth.org

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

Style of Service (Please check all that apply)
 Quick service/Take out/Drive-thru
 Delivery
 Buffet/Self-serve
 Table service
 Cafeteria-style
 Other _____

Type of Food Establishment

Full Menu:
 Restaurant
 School or Institution
 Caterer
 Other _____
 Limited Menu:
 Espresso
 B&B
 Tavern or Winery
 Seasonal or Concession Stand
 Retail:
 Grocery
 Deli
 Meat
 Seafood
 Bakery
 Produce

Seating Capacity	Maximum Number of Food Employees per Shift
<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+

Water Source: Will this establishment be connected to municipal water?	Yes	No
Wastewater disposal: Is the Establishment on a Septic System?	Yes	No
Catering: Will this establishment arrange, prepare, or serve food off site?	Yes	No
Seasonal: Will this establishment operate less than 6 months of each year? If yes, Start Date: _____ End Date: _____	Yes	No
Commissary: 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
Smoking: 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

Circle correct answer for each question:

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

Holding Tank: 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

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.

_____ Applicant's Signature	_____ Date
_____ Applicant's Printed Name	_____ Phone Number