

**APPLICATION TO OPERATE A PERMANENT
FOOD SERVICE ESTABLISHMENT**

BUSINESS NAME AND ADDRESS

Email ADDRESS _____

MAILING ADDRESS (if different from above)

**PLEASE RETURN COMPLETED FORM WITH
PAYMENT TO:**

**Public Health – Seattle & King County
Downtown Environmental Health
401 – 5th Avenue, Suite 1100E
Seattle, WA 98104**

OFFICE USE ONLY

PERMIT RECORD ID (PR#) _____

FACILITY NUMBER (FA#) _____

OWNER NUMBER (OW#) _____

PROGRAM ELEMENT (PE#) _____

PLAN REVIEW-SR (SR#) _____

VARIANCE -SR (SR #) _____

CHECK NUMBER _____

APPROVED

DISAPPROVED

SIGNED _____ DATE _____

FEE SCHEDULE

(See reverse side of this form)

FEE.....\$ _____

PRORATION PERIOD
(10/1 thru 3/31 = 1/2 annual fee)\$ _____

PENALTY\$ _____

TOTAL FEE DUE.....\$ _____

PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

REQUIRED INFORMATION: Does your establishment qualify as a chain? Yes ___ No ___

Required 2008 Food Code Changes can be found at: www.metrokc.gov/health/healthyeating/

A "chain food establishment" is one of at least 15 establishments doing business under the same name, collectively having at least \$1 million in gross annual sales and offering substantially the same menu items (80% or more) by number, and at least 15 locations nationwide, regardless if under the same ownership or type of ownership.

If a general food service facility, indicate current seating capacity _____, are potentially hazardous foods served? Yes ___ No ___

Is time as a control used? Yes ___ No ___ Is a highly susceptible population served? Yes ___ No ___

If seasonal, list dates of operation: Opening _____ Closing _____

If grocery store, number of check-out stands _____

If you changed facility name, previous name: _____

Name of owner: _____

Address of owner: _____

City and Zip code: _____ Daytime phone number: _____

Permit Information:

- Permit Renewal
- New Operation
- Change of Name
- Ownership Change
- Classification Change

IMPORTANT MESSAGE TO APPLICANT: Failure to fully complete form may result in it being returned for completion. Your signature to this form attests to the accuracy of the information and that the food code will be complied with. Renewal applications are mailed each year in February. This office should be notified of any change in your mailing address. If you do not receive a renewal application by February 28th, please notify this office at the phone number listed on the back of this form. Late fees are charged if permits are not renewed prior to expiration.

SIGNED _____ DATE _____

Payment Information

- Check or Money Order PAYABLE TO: SKCDPH
- Cash (In-person only. Do not mail cash)

Amount Charged: \$ _____ Print Name on Credit Card: _____

VISA Card Billing Address & ZIP _____

MasterCard CARD NUMBER _____

Discover CARD EXPIRES ___ / ___ / ___ 3 Digit Code (on back): _____

Required Signature: (as on Credit card) _____ Date _____

Food Establishment Categories and Permit Fees 2008
Effective 1/1/08 - 12/31/08

PERMIT CATEGORY	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
------------------------	--------------------------------------	--------------------------------------	--------------------------------------

General Food service- 0-12 seats	6701 - \$302	6702 - \$503	6703 - \$697
General Food Service- 13-50 seats	6711 - \$306	6712 - \$510	6713 - \$736
General Food Service- 51-150 seats	6721 - \$312	6722 - \$536	6723 - \$785
General Food Service- 151-250 seats	6731 - \$324	6732 - \$548	6733 - \$833
General Food Service- over 250 seats	6741 - \$337	6742 - \$552	6743 - \$870
Limited Food service- no permanent plumbing	6757 - \$302	NA	NA
Bakery- no seating	6751 - \$302	6752 - \$503	6753 - \$697
Bed and Breakfast	6761 - \$302	NA	NA
Grocery Store- no seating	6765 - \$302	6766 - \$503	NA
Caterer	6771 - \$302	6772 - \$503	6773 - \$697
Meat/Fish Market	NA	NA	6777 - \$567
Vending Machine	6775 - \$302	NA	NA
Mobile Food Service	6781 - \$302	6782 - \$503	6783 - \$697
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$151	6736 - \$252	6737 - \$348
School Food Service	6791 - \$151	6792 - \$252	6793 - \$348

PLAN REVIEW FEES

New Construction	\$477
Remodel	\$416
Multiple plan review in one facility	\$295
Resubmitted plan review	\$312
Subsequent preoccupancy or field plan review	\$100

LATE FEES

Annual permits 10-30 days	25%
Annual permits more than 30 days	50%
School Food Service	0%

MISCELLANEOUS FEES

Duplicate permit	\$25
Permit Transfer ,Name Change, no other change	\$25
Request for variance	\$154
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

Applications pertaining to a seasonal food establishment or a food establishment that is operated only after October 1st in any year, shall pay one-half (1/2) the applicable annual permit fee specified above.

Temporary Event Food Establishment fees are on the fee schedule on the Temporary Event application form.

<p>MAKE CHECKS PAYABLE TO: SKCDPH MAIL TO: Public Health – Seattle & King County Downtown Environmental Health 401 - 5th Avenue, Suite 1100 Seattle, WA 98104</p> <p>PERMITS AND LICENSES PHONE: 206-296-2966 WEBSITE: http://www.metrokc.gov/health/foodsftv</p>

Food and Facilities Program

401 Fifth Avenue, Suite 1100
 Seattle, WA 98104-1818
206-296-4632 Fax 206-296-0188
 TTY Relay: 711
www.kingcounty.gov/health

