

2008
Plan Review Application for a
Mobile Food Service Unit

Operation Information (Please Print)

Operation Name (Doing Business As): _____
 Mobile Unit Operating Location: Single Site Multiple Sites/Route (Include all locations with plan submittal.)
 Single Site Address: _____ City: _____ Zip: _____
 Scope (Briefly describe operation/menu style): _____
 Unit Type: Cart Vehicle Trailer Movable Building Customer Seating Provided: Yes No
 Former Name _____ Days/hrs of operation: _____ Plan to open by? _____
 Other (If applicable): WA License Plate # _____ VIN # _____ WA L & I Sticker # _____

Plan Review Submittal Fee Effective 01/01/2008 – 12/31/2008 (Make checks payable to: "SKCDPH")

New Operation (\$477.00) Remodel (\$416.00) Resubmitted Plan (\$312.00) Cost of Service (\$173.39/hr)

Ownership Information

Owner/Operator Name(s): _____
 Business Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Applicant Information (If applicable)

Contact Person (Applicant or Agent) Name(s): _____
 Business Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Commissary Information

Business Name: _____
 Location/Address: _____ City: _____ State: _____ Zip: _____
 Commissary Owner/Contact Person: _____ Phone No.: _____
 Fax (Optional): _____ Email (Optional): _____ Sewage: Sewer Septic System

Restroom Information (For those units operating in a fixed location.)

Business Name: _____
 Location/Address: _____ City: _____ State: _____ Zip: _____
 Business Owner/Contact Person: _____ Phone No.: _____
 Fax (Optional): _____ Email (Optional): _____ Sewage: Sewer Septic System

Office Use Only

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
 Variance SR#: _____ Permit Record PR#: _____ DPD/DDES #: _____
 Approval Date: _____ Review Time: _____ Reviewer: _____ Mobile Sticker # _____
 Notes: _____

DISTRICT HEALTH CENTERS

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