



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • P.O. Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 • Fax (360) 397-8091

CATERING SERVICE PACKET

Before opening a catering service, provide the following information to:

Clark County Health Department – Environmental Health
1601 E. Fourth Plain Blvd. • P.O. Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 FAX (360) 397-8091
Business Hours: Mon. Tues, Thurs. Fri., 8:00 a.m. to 4:30 p.m. Wednesday 9:00 a.m. to 4:30 p.m.

1. **PLAN REVIEW APPLICATION.** Complete the yellow Plan Review Application form.
2. **PERMIT APPLICATION.** Complete the green Food Service Establishment Permit form.
3. **PLAN REVIEW FEE.** Pay the non-refundable plan review fee.
4. **MENU.** Provide a menu or a list of the food that will be served.
5. **METHOD OF FOOD PREPARATION.** Provide information on food preparation and cooking. This plan should include the final cooking temperature of all meat and poultry products, cooling procedures, hot holding temperatures, food storage procedures for raw meat and eggs and measures used to prevent cross contamination. Also address employee sanitation practices including proper hand washing, barrier/glove use, and illness policy.
6. **KITCHEN/COMMISSARY PLAN.** Provide a schematic drawing, to a quarter inch scale (1/4 inch = one foot), of the kitchen commissary. The drawing should depict the following:
 - a. Location of the hand wash sink;
 - b. Location of the three-compartment sink or the dishwasher and three-compartment sink;
 - c. Location of the food preparation sink;
 - d. Location of all refrigeration equipment and the brand/type;
 - e. Location of any cooking or hot holding equipment;
 - f. Location of the mop sink and toilet facilities; and
 - g. Provide a brief description of the finish on the counter tops and floor.
7. **LETTER OF AGREEMENT.** If the above commissary kitchen is not owned by applicant, provide a letter of agreement to use the facilities.
8. **FOOD TRANSPORTATION AND ON-SITE EQUIPMENT.**
 - a. Provide a list of the equipment used to transport hot and cold food.
 - b. Provide a list of equipment used at the catered event for cold food storage and hot holding. Sterno may not be used for hot holding food at any outdoor event.
9. **ITINERARY.** Provide a list of regularly catered sites or contact Clark County Public Health to schedule an inspection.

THE ABOVE ITEMS MUST BE SUBMITTED WHEN PAYING FOR A PLAN REVIEW.

If any of these items are omitted, the plan review cannot be accepted.

ALLOW AT LEAST TWO WEEKS FOR PLAN REVIEW COMPLETION.

Notification will be mailed upon plan review approval. Following approval:

1. **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** Before opening any food and/or beverage service, a pre-opening inspection is required. Please call (360) 397-8428 at least one week in advance to arrange this on-site inspection.
2. **PAY FOR PERMIT.** Before opening any food and/or beverage service, payment must be received for annual permit.

COMPLIANCE IS REQUIRED WITH THE RULES AND REGULATIONS OF THE STATE BOARD OF HEALTH STANDARDS FOR FOOD SERVICE. WAC 246-215

1. **WATER SUPPLY.** Water must be adequate in quantity and quality, supplied by a source approved under WAC 246-290 and monitored according to standards.
2. **SEWAGE SYSTEM.** Provide that all liquid wastes, including ice melt, are disposed into an approved sewage disposal system.
3. **FOOD SOURCE.** All food, including ice, must be from an approved source or commissary and all prepackaged foods must be properly labeled.
4. **REFRIGERATION.** Provide NSF refrigeration units sufficient for all appropriate foods to maintain temperatures to 41°F or less.
5. **THERMOMETERS.** Provide all refrigeration units with accurate thermometers. Provide an accurate metal stem thermometer to monitor hot and cold food temperatures in the kitchen and after transportation to the food service site.
6. **HAND WASH SINK.** In the kitchen, a hand wash sink must be present which is accessible, convenient and used exclusively for hand washing. The hand wash sink shall have hot and cold water provided through a mixing faucet. There shall be soap dispenser and single use paper towels at the sink.
7. **PLUMBING.** Plumbing must be sized, installed and maintained in accordance with applicable Washington State and local plumbing codes. Provide indirect drains at the food preparation sinks, icemaker and any ice bins.
8. **UTENSIL WASHING.** Provide a three-compartment sink or a three-compartment sink with a mechanical dishwasher with a drain board for the cleaning and sanitizing of equipment and utensils.
9. **EQUIPMENT AND UTENSILS.** Provide that equipment and utensils are cleanable, durable, in good repair, and in conformance with the current standards and listing of the National Sanitation Foundation.
10. **SMOKING.** The use of tobacco is prohibited in any food preparation area, transportation area, and food service area.
11. **GARBAGE STORAGE.** Provide leak proof, vermin proof, and covered container. Provide for appropriate frequency of garbage pickup.
12. **TOILETS.** A toilet must be readily accessible and available within at least 200 feet of the commissary kitchen. Toilet facilities must have a hand-washing sink with hot and cold running water, single service soap and towel dispenser.
13. **FOOD AND BEVERAGE WORKER CARDS.** You and your employees must obtain and maintain a valid Washington State Food and Beverage Worker card. For Food and Beverage Worker testing times and information, call (360) 397-8435.

AT ALL CATERED EVENTS YOU MUST HAVE THE FOLLOWING:

1. **A HAND WASHING STATION.** At all outdoor events, you must set up a 5-gallon insulated container with a spigot that provides a continuous flow of warm water, a bucket to collect the dirty water, a pump soap dispenser and paper towels.
2. **PERMIT and FOOD WORKER CARDS.** Your permit must be on-site at any catered event. A photocopy of the permit **is not valid**. Valid Washington Food and Beverage Worker cards must be available for inspection.
3. **SANITIZING SOLUTION.** Wiping cloths, stored in an approved sanitizing solution, to clean up food spills, wipe work surfaces, counter and equipment must be present. One-teaspoon bleach in one gallon of tepid water is acceptable.
4. **METAL STEM THERMOMETER.** An accurate metal stem thermometer with a range from 0°F to 220°F must be on-site to monitor hot and cold food temperatures. A roast thermometer is not acceptable.
5. **APPROVED STORAGE AND DISPLAY OF FOODS.** Potentially hazardous food must be stored at 41°F or colder or hot held at 140°F or higher. All food and utensils must be stored at least 6 inches off the ground. Food must be protected from contamination by the use of sneeze guards, display cases, or other effective measures.

If you have any further questions, please call the Clark County Health at (360) 397-8428 and ask to speak with an Environmental Health Specialist in the Food Program.



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PLAN REVIEW APPLICATION FORM

RESTAURANT NAME OR NAME OF ESTABLISHMENT _____
SITE ADDRESS _____ **CITY** _____ **STATE** WA **ZIP** _____
SITE PHONE NUMBER _____ **ESTIMATED OPENING DATE** _____

BUSINESS NAME OF OWNER or CORPORATION NAME _____
BUSINESS OWNERSHIP STATUS: Sole Proprietor Partnership Corporation LLC
LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.
OWNER NAME _____ **OWNER NAME** _____
OWNER NAME _____ **OWNER NAME** _____
BUSINESS ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
BUSINESS PHONE _____ **BUSINESS FAX** _____

IS THIS A CHANGE OF OWNERSHIP? NO YES **IF Yes, date of change:** _____
If Yes, previous name of the restaurant? _____
IS THIS: New construction or conversion of an existing building to a restaurant
 An existing restaurant/kitchen remodel
Construction company contact person _____ **PHONE** _____
BUILDING DEPARTMENT PERMIT NUMBER: _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?
Name _____ **Name** _____
Address _____ **Address** _____
City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

WATER: Amboy (CPU) BattleGround CPU Camas Vancouver Washougal Yacolt (CPU) Other _____
 Small Public Water Supply Name _____ ID# _____

SEWAGE: Public sewer On-site septic system. **Date of last septic system inspection or pumping:** _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment that you are planning.

- Restaurant School / Cafeteria Tavern/Bar Public Kitchen/Grange Motel/Hotel Bed & Breakfast Food Bank
 Espresso Cart Mobile Truck Little League Concession Stand/Cart Annual Itinerant Bakery (only) Caterer
 Grocery Store and Deli and Bakery and Meat/Fish Market Meat/Fish Market (only) Convenience Store Convenience Store & Deli

Hours of operation _____ **Number of employees per shift** _____

Anticipated number of meals served per day _____ **Anticipated seating capacity** _____

COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer) _____ **ID #** _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE _____ **DATE** _____

FOR OFFICIAL USE ONLY
DATE PAID: _____ **IN:** _____ **OW:** _____
AMT RCVD: \$ _____ **AR:** _____ **FA:** _____ **EHS:** _____
EHA: _____ **SR:** _____ **PR:** _____



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FOOD SERVICE PERMIT APPLICATION FORM

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT

NAME OF FOOD ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE _____ FAX NUMBER _____

MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS: YES

IF NO, LOCAL MAILING ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE E-MAIL ADDRESS _____

OWNER INFORMATION:

BUSINESS NAME or CORPORATION NAME _____

OWNERSHIP STATUS OF ABOVE: Sole Proprietor Partnership Corporation LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:

OWNER NAME _____ OWNER NAME _____

OWNER HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS: YES

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS _____

BILLING INFORMATION:

NAME _____ **CARE OF** _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING PHONE _____ BILLING FAX NUMBER _____

ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE: (For restaurants and taverns only) **WASHINGTON STATE TAX ID #** _____

Check one: A. 0- \$250,000 B. \$250,000 - \$500,000 C. \$500,000 - \$750,000 D. \$750,000 - \$1,000,000 E. \$1,000,000 and over

IS THIS A CHANGE IN OWNERSHIP? NO YES If YES, date of change: _____ Previous establishment's name: _____

WATER: Amboy (CPU) Battle Ground CPU Camas Vancouver Washougal Yacolt (CPU) Other _____

Small Public Water Supply Name _____ and ID # _____

SEWAGE: Public Sewer On-site septic system. Last inspection or pumping date: _____ ***ATTACH COPY OF THIS INSPECTION/PUMPING.**

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes type of establishment:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Public Kitchen/Grange	<input type="checkbox"/> Bakery (only)	<input type="checkbox"/> Grocery/Convenience Store
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Head Start	<input type="checkbox"/> Annual Itinerant/Farmer's Market **	<input type="checkbox"/> Meat/Fish Market (only)	<input type="checkbox"/> with Deli
<input type="checkbox"/> Concession**	<input type="checkbox"/> Mobile Truck**	<input type="checkbox"/> Espresso Cart/Stand**	<input type="checkbox"/> Caterer**	<input type="checkbox"/> with Bakery
**CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE REQUIRED FOR PERMIT				<input type="checkbox"/> with Meat Market

Food establishment prepares, offers for sale or serves potentially hazardous food YES NO

Is time as temperature control used? YES NO Is a highly susceptible population served? YES NO

APPLICANT'S SIGNATURE _____ **DATE** _____

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. **I understand that this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.**

FOR OFFICIAL USE ONLY			
DATE PAID: _____	IN _____	OW _____	_____
AMT RCVD: \$ _____	AR _____	FA _____	EHS: _____
EHA: _____	SR _____	PR _____	_____



ENVIRONMENTAL PUBLIC HEALTH DEPARTMENT 2009 FEE SCHEDULE

FOOD PLAN REVIEW	
New Construction	\$500
Remodel	\$400
Annual Itinerant/Espresso	\$400
Non-profit	\$100
Change of Ownership	\$400
Change of Owner-No notification	\$500
Longer than 2 hours	\$100

RESTAURANT	
Level 1 (A-B)	\$364
Level 1 (C-D)	\$650
Level 1 (E)	\$848
Level 2 (A-B)	\$598
Level 2 (C-D)	\$858
Level 2 (E)	\$1,040
Level 3 (A-B)	\$936
Level 3 (C-D)	\$1,196
Level 3 (E)	\$1,300

GROCERY	
Base Permit	\$244
w/Meat Market	\$244
w/Bakery	\$244
w/Deli	\$390

ESTABLISHMENT PERMIT	
Bed & Breakfast	\$244
Bakery	\$244
Caterer	\$494
Espresso Stand	\$244
Meat Market	\$244
Public Kitchen	\$244
Seasonal Permit	\$364

NFP Low	\$140
NFP Medium	\$281
NFP High	\$421

MOBILE TRUCK	
Level 1 Low	\$244
Level 2 Medium	\$468
Level 3 High	\$728

ANNUAL ITINERANT	
Level 1 Low	\$244
Level 2 Medium	\$442
Level 3 High	\$676

SEASONAL TEMPORARY PERMITS	
1-3 Consecutive Days	\$130
4-21 Consecutive Days	\$260
Non-Profit 1-3 Days	\$78
Temporary Late Fee	\$52

FOOD FOLLOW-UP INSPECTION	
Mandatory Follow-up Inspection	\$260
Food Probation Inspection	\$1,040

SCHOOL PLAN REVIEW	
New Construction	\$572
Remodel	\$442
Portable Addition	\$244

SCHOOL PERMITS	
Cafeteria Public/Private	\$489
Permit Student Store	\$182
Summer School	\$224
Head Start	\$224
School Safety Inspection	\$312

Additional Services Food Program	\$106/hr
Food Worker Card	\$10



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FOOD WORKER CARD TEST INFORMATION

TESTING DAYS & TIMES ~

WHEN: Monday, Tuesday, & Friday –
8:30 AM to 3:00 PM
Wednesday –
9:00 AM to 3:00 PM

WHERE: Clark County Public Health
1601 E. Fourth Plain Blvd.
Third Floor

- ◆ Registration closes at 3:00 PM.
- ◆ Applicants must complete testing *before* 4:15 PM.
- ◆ Children are not allowed in the testing room and should not be left unattended in the waiting area.
- ◆ For information call 397-8435.

FOR FIRST CARD ~

All food workers must have a Washington State food worker card before starting work. The first card is valid for 2 years.

- ◆ Read the Washington State Food and Beverage Worker's Manual **BEFORE** coming to the testing session.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch a 30-minute video on food safety.
- ◆ Pass the test. The written test may be taken in Spanish, Russian, Chinese, Vietnamese, Korean and English.

RENEWING CARDS ~

REPLACEMENT CARDS:

- ◆ Bring picture identification and fill out application form.
- ◆ Pay \$10.00 replacement fee.

TO RENEW CARD:

If card is renewed *before* the expiration date on the card, a 3 year card will be issued. The renewal period is **60 DAYS BEFORE** the card expires.

- ◆ Read the Washington State Food and Beverage Worker's Manual.
- ◆ Bring original or a photocopy of current card before it expires.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch the 30-minute video on food safety.
- ◆ Pass the test.

RENEWING CARD FOR 5 YEARS:

- ◆ Follow the procedure to renew a card.
- ◆ Bring proof an approved food safety program has been completed, such as the WSU PIC training or ServSafe, within the last 2 years.

SPECIAL NEEDS TESTING ~

Call 397-8428, Ext. 7249 for information and scheduling.

FOR GROUP TESTING ~

A group may schedule an on-site testing.

- ◆ Call 397-8428, Ext. 7249 to schedule a group testing.
- ◆ Have employees bring current food worker card and a picture ID to the testing site.
- ◆ Have employees read the Washington State Food and Beverage Worker's Manual.
- ◆ Employees will watch the 30-minute video and then take the written test.
- ◆ Pay \$205.00 group testing fee **AND** \$10.00 fee for each person who takes the test.
- ◆ Cards will be mailed or picked up at Environmental Public Health office upon receipt of payment.

ONLINE INFORMATION ~

Food Work information is available online: www.clark.wa.gov, type "food worker" in the search field and press the search button.

The Internet Food Safety Education Program video is now available online in either English or Spanish:

English site:

<http://ccph.gibbymedia.com/foodsafety2/>

Spanish site:

http://ccph.gibbymedia.com/foodsafety2_sp/

FOOD WORKER CARDS ARE VALID IN EVERY COUNTY IN WASHINGTON STATE.



For other formats, contact the Clark County ADA Office
Voice (360) 397-2000, **Relay** 711 or (800) 833-6388,
Fax (360) 397-6165, **E-mail** ADA@clark.wa.gov.



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MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE

FOOD SERVICE ESTABLISHMENT [Commissary]	
_____	_____
DbA/Name of Commissary	ID #
_____	_____
Address	City
_____	_____
Owner Signature	Date
_____	_____
Printed Name and Title	Day Phone Number

Hereby agrees to provide access and use of their food service establishment as a commissary kitchen to the owner and employee(s) of:

FOOD SERVICE PERMIT HOLDER	
_____	_____
Name of Permit Holder	ID #
_____	_____
Address	City
_____	_____
Owner Signature	Date
_____	_____
Printed Name and Title	Day Phone Number

Clark County Public Health Food Safety inspection of commissary is required. Indicate applicable day and time of commissary usage:

- Monday _____
 Wednesday _____
 Friday _____
 Sunday _____
 Tuesday _____
 Thursday _____
 Saturday _____

The above permitted commissary is to be used for **all** preparation and storage of food items, dishwashing activities as needed, and mobile unit servicing needs.

In the event either party terminates the Memorandum of Agreement for Commissary Usage, the permit holder is immediately suspended and all food and beverage operations shall immediately cease. The owner/operator of the permit must secure the services of another approved commissary and provide another signed Memorandum of Agreement for Commissary Usage to CCPH. This agreement becomes invalid if the above commissary does not have and maintain a valid Food Establishment Permit. This agreement is subject to approval by Clark County Public Health.

_____	_____
Environmental Health Specialist	Date