



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • PO Box 9825
Vancouver, WA 98666-8825
(360) 397-8428 • Fax (360) 397-8084

FOOD ESTABLISHMENT PACKET

Before opening a new food establishment, purchase/change ownership, or reopen a closed food establishment, provide the following information to Clark County Public Health – Environmental Public Health, at least 30 days prior to the opening.

1. **PLAN REVIEW APPLICATION.** Complete the yellow Plan Review Application form.
2. **PERMIT APPLICATION.** Complete the green Permit Application form.
3. **MENU.** Provide a menu or a list of the foods to be served or sold. Menu must show the consumer advisory for all raw and/or undercooked food items.
4. **METHOD OF FOOD PREPARATION.** Provide information on food preparation, cooking temperatures and cooling.
 - a. Provide the food preparation procedures that indicate the final internal cooking temperature of all meat and poultry products.
 - b. Provide a list of all foods that are cooked and then cooled on site. Indicate the cooling method used and the quantities of those foods cooled on site.
5. **PLAN REVIEW FEE.** Pay the Plan Review fee. This fee is **non-refundable**.
6. **FLOOR PLAN.** Provide a floor plan, to a quarter inch scale (1/4 inch = one foot), of the proposed facility with the following:

PROVIDE EQUIPMENT INFORMATION AND SHOW:

- a. Location of sinks, including the hand wash sink(s), the food preparation sink(s) and the mop sink,
- b. Location of three-compartment sink with drain boards and any associated mechanical ware washing equipment,
- c. Location and type/model of NSF refrigeration and freezer equipment,
- d. Location, size and shelving design of walk-in units,
- e. Location of ice-making equipment and the indirect drain,
- f. Location of cooking, reheating, and hot-holding equipment,
- g. Locations of indirect drains,
- h. Employees' lockers or area of shelves for personal item storage,
- i. Location of garbage storage facilities and leachate drain location (if necessary), and
- j. Location of toilet(s) and number of fixtures.

ALSO, SHOW THE LOCATION OF:

- k. Dry food storage area and shelves, and
- l. Provide a brief description of the finishes used on floors, walls, counter tops and ceilings.

ALL OF THE ABOVE ITEMS MUST BE SUBMITTED WHEN YOU PAY FOR THE PLAN REVIEW.

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

PLEASE ALLOW AT LEAST 10 WORKING DAYS FOR REVIEW OF THE PLAN.

After the plan has been reviewed and approved, an approval letter will be mailed. Then:

1. **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION** with the Environmental Health Specialist (EHS) **before** opening for any food or beverage service. The contact person is named on the plan approval letter, or call (360) 397-8428 option 0, at least two weeks in advance to schedule this on-site inspection.
2. **AFTER PRE-OPENING APPROVAL**, pay for the annual food service permit at:
Clark County Public Health – Environmental Public Health
Phone (360) 397-8428 FAX (360) 397-8091
Business Hours: Monday, Tuesday, Thursday & Friday – 8:00 a.m. to 4:30 p.m.
Wednesday – 9:00 a.m. to 4:30 p.m.

COMPLIANCE WITH CHAPTER 246-215 WAC IS REQUIRED

1. **WATER SUPPLY.** For private well water use, apply for a Small Public Water Supply. Call (360) 397-8428 and ask to speak to an Environmental Health Specialist in the Water Program.
2. **SEWER OR SEPTIC SYSTEM.** Provide proof of a sewer connection or an approved on-site sewage system.
3. **HAND WASH SINK.** Provide hand wash sink(s) that is/are accessible, convenient to food preparation, food service and utensil washing areas and **used exclusively for hand washing.** Every hand wash sink shall have minimum hot water temperature of 100° F and cold water provided through a mixing faucet. Provide hand soap and single use towels at the sink. Automatic faucets must have a minimum cycle of 15 seconds.
4. **FOOD PREPARATION SINK.** An indirectly drained food preparation sink is required if any products (fruits, vegetables or meats) are washed, defrosted or cooled. At a minimum, a 1 compartment food preparation sink with an attached drain board is required if any one of the following mentioned procedures are done. If more than 1 type of product is processed, multiple sink compartments will be required. A food preparation sink may not be used for hand washing or utensil washing.
5. **WARE WASHING FACILITIES.** Provide a three-compartment sink with a drain board for ware washing. If a mechanical dishwasher is used, a 3-compartment sink is still required. All utensils/pots and pans must be able to be fully submerged in each compartment of the utensil-washing sink.
6. **SPLASH GUARDS.** If splash or contamination could occur, 12” splash guards will be required to prevent contamination for any hand sink, dipper well, food prep sink, clean dish drain/drying area, etc. from any source of contamination such as a mop sink or dish wash sprayer.
7. **MOP SINK.** A mop/utility sink is required and must be located so food and equipment are not contaminated. A laundry tub or mop bucket **cannot** substitute for a mop sink.
8. **PLUMBING.** Provide plumbing sized, installed and maintained in accordance with applicable state and local plumbing codes. Provide indirect drains from the ice machine, food preparation sinks, beverage ice sinks, salad bars, dipper wells and mechanical dishwashers into a floor sink or similar device. Provide a properly vented dual check valve device or an approved reduced pressure back flow assembly between copper pipe or tubing and carbonated beverage dispensing machines.
9. **GREASE TRAPS.**

Vancouver Sewer District. The Vancouver Municipal Code (VMC 14.10) requires all food service establishments to have equipment that prevents food grease from entering the sewer system. The Oil & Grease Management Program (OGM) must review and approve the grease interceptor plans prior to installation. New grease interceptors or traps must be sized according to the Uniform Plumbing Code. A copy of the sizing requirements can be obtained from the OGM Program. They can be contacted at (360) 696-8177.

Hazel Dell Sewer District. Hazel Dell Resolution 1031 requires all food servers to have grease control. The Unified Plumbing Code must be followed in cases where the User does not have a Type 1 Hood. If the User has a Type 1 hood they are required to have, at a minimum, a 1000-gallon interceptor outside the building. For further information call the Pretreatment Coordinator at Hazel Dell Sewer District (360) 750-5876.
10. **FLOORS, WALLS, CEILING.** The floors, walls, and ceilings in all food preparation and storage areas, walk-ins and toilets shall be easily cleanable, water impervious, grease resistant, and durable. Ceiling studs, joists and rafters **shall not be exposed** in food preparation areas, equipment washing and utensil washing areas, toilet rooms, walk-in refrigeration units, and vestibules.
11. **REFRIGERATION.** Provide National Sanitation Foundation (NSF) refrigeration units and shelving design in walk-in units sufficient for all necessary foods. No home –style equipment or refrigeration units are allowed.

12. **EQUIPMENT AND UTENSILS.** Equipment and utensils must be cleanable, durable, in good repair and in conformance with the current standards and listings of the National Sanitation Foundation.
13. **TOILETS.** All toilet rooms must have automatic door closing devices, mechanical ventilation, and hand washing sink with single service soap and towel dispensers. There must be toilet facilities for patrons when there is on-premise consumption of food. Toilets must be accessible during all hours of operation and within at least 200 feet of food service establishment.
14. **LIGHTING.** All light fixtures must have light covers, sleeves and end caps or have shatterproof light bulbs.
15. **LOCKERS.** Provide lockers or shelves for employees to store clothing and personal belongings.
16. **GARBAGE STORAGE.** Garbage containers must be watertight, vermin proof, covered containers and appropriate frequency of garbage pickup to prevent overflows and nuisances. Provide sewer disposal for any leachate. Provide garbage storage on a concrete or asphalt pad.
17. **BAR AND TAVERNS.** Bar and taverns are required to have a sink compartment for disposing of liquid drink wastes in addition to the sinks necessary for hand washing and utensil cleaning and sanitizing.
18. **BULK FOOD DISPENSING.** Bulk food must be separated by partitions, different aisles or by horizontal separation from chemicals and/or pet food. For horizontal separation, chemical or pet foods must be below bulk foods. Bulk food containers must be gravity dispensing units or display units with covers. Dispensing utensils must be present for each unit with a holder so that the handle of the scoop or tongs is held out of the food. The lowest access point of bulk food containers of ready-to-eat foods must be at least **thirty** inches above the floor.
19. **SMOKING SIGNS.** Signs prohibiting smoking must be posted conspicuously at each entrance and in prominent locations throughout the establishment. RCW 70.160.050

If you have any further questions, please call the Clark County Health Department at (360) 397-8428, then press option 0, to speak to the Program Assistant.



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 1601 E. Fourth Plain Blvd. • P.O. Box 9825
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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
				<input type="checkbox"/> with Meat Market

****CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE REQUIRED FOR PERMIT**

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 HEALTH DEPARTMENT 2009 FEE SCHEDULE

WATER	
Individual WAVE Appl, self sample	\$ 300
Individual Water System Update	\$ 200
Indiv. & Group B Wellsite and Construction Inspection	\$ 200
Individual Well Variance Appl&Review	\$ 400
Individual Irrigation Well Appl&Review	\$ 320
Group A Water System Appl	\$ 750
Group A Water System Well Site Review	\$ 500
Group B Water System Application (2-14)	\$ 750
Group B Water System Development Review	\$ 150
Additional Services Water Program per Hour	\$ 150
POOLS	
Plan Review	\$ 800
Plan Review (Overflow Channels)	\$ 1,000
Non Certified "Year-Round"	\$ 775
Certified "Year-Round"	\$ 600
Non-Certified "Seasonal"	\$ 550
Certified "Seasonal"	\$ 450
Additional Pool/Spa (each)	\$ 225
Inspection follow-up	\$ 150
Additional Services Pool/Spa Program Per Hour	\$ 150
SOLID WASTE	
Application Interim Handling	\$ 1,300
Application Transfer Station	\$ 2,000
Post Closure MSW Landfill	\$ 5,500
Post Closure Other Landfill	\$ 3,000
Permit Interim Handling	\$ 2,500
Permit Transfer Station	\$ 5,000
Permit Special Waste Landfill	\$ 3,500
SOIL AND SITE EVALUATION	
Soil/Site Evaluation	\$ 500
Concurrency for Designer Eval	\$ 390
Winter Evaluation	\$ 1,500
Staking/Additional Site Visits	\$ 250
PLAN REVIEW AND PERMIT	
Conventional Gravity System	\$ 450
Alternative System	\$ 575
Larger System > 1,000 gpd	\$ 775
Additional Plan Review Time Per Hour	\$ 150
REPAIR OF FAILURE (Site, Plan, Permit)	
<1,000 Gallons per day	\$ 500
>1,000 Gallons per day	\$ 1,350
SEPTIC VERIFICATION	
Verification <1,000 Gallons per day	\$ 375
Verification >1,000 Gallons per day	\$ 475
MODIFICATIONS (Plan & Permit)	
Voluntary Replacement	\$ 400
Expansion	\$ 525
LAND DEVELOPMENT	
Land Development Review	\$ 750
Final Approval	\$ 450
Method II Review	\$ 500
Tank Only/Vault Toilet	
Installation Permit	\$ 300
Other	
Hardship Waiver	\$ 300
Permit Re-issue (5-year)-Site/Permit	\$ 350
Permit Re-issue (1-year)-Repair Permit Only	\$ 250
Septic Release Letter	\$ 75
Notice to Title	\$ 75
Certification Fee	\$ 200
Home O&M Courses	\$ 20
DOH Waiver	\$ 100
E-onsite reporting fee	\$ 20
Septage Tipping Fee/Gallon	\$ 0.06
Electronic Reporting Fee/O&M Report	\$ 20
FOOD PLAN REVIEW	
New Construction	\$ 500
Remodel	\$ 400
Annual Itenerant/Expresso	\$ 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
Expresso 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 Handler Card	\$ 10



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Vancouver, WA 98666-8825
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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.