



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

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 NO

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 NO

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)

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

WASHINGTON STATE TAX ID # _____

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 date: _____ ***ATTACH COPY OF THIS INSPECTION**

(SEE www.onlinerme.com)

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 | <input type="checkbox"/> Bakery | <input type="checkbox"/> Grocery 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 | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Seasonal** | <input type="checkbox"/> Mobile Unit** | <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 MAY BE REQUIRED FOR PERMIT

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: _____ INV _____ OW _____ EHA: _____

AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____