



**Grant County Health District**  
**P.O. Box 37, Ephrata, WA 98823**  
**(509) 754-6060 [www.granthealth.org](http://www.granthealth.org)**

Date \_\_\_\_\_  
 Amt. Rcvd \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Permit Mailed \_\_\_\_\_

**Mobile Food Service License Application**

**FEE SCHEDULE:** *(Effective 11/16/09)*

PRE-OPENING INSPECTION (Required for all new establishments, or new owners) .....1/2 Annual Permit Fee  
 POTENTIALLY HAZARDOUS FOODS (EXPOSED FOODS) ..... \$415.00  
 POTENTIALLY HAZARDOUS FOODS (PRE-PACKAGED ONLY) ..... \$140.00  
 NON-POTENTIALLY HAZARDOUS FOODS .....\$ 90.00  
**LATE FEE / OPERATING WITHOUT A VALID PERMIT ..... DOUBLE NORMAL LICENSE FEE**

**Applicant and Business information:**

NAME OF BUSINESS \_\_\_\_\_  
*(Cannot be identicle to any other mobile units; if needed, follow name with a number to distinguish between units)*

NAME OF OPERATOR/MANAGER \_\_\_\_\_

BUSINESS PH # (\_\_\_\_\_) \_\_\_\_\_ AFTER HOURS/EMERGENCY PH # (\_\_\_\_\_) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

LOCATION OF OPERATION (name, address, city) \_\_\_\_\_  
*(If not a fixed location, put "see attached itinerary" then submit a separate itinerary with daily vending routes)*

HOURS OF OPERATION \_\_\_\_\_  
 (months/days/hours) \_\_\_\_\_

**Vehicle Information:**

LEGAL OWNER OF MOBILE UNIT (name) \_\_\_\_\_ PHONE # \_\_\_\_\_

YEAR/MAKE/MODEL OF MOBILE UNIT \_\_\_\_\_ LIC PLATE # \_\_\_\_\_

**TO COMPLETE THIS APPLICATION, ANSWER THE QUESTIONS ON THE BACK OF THIS PAGE AND ATTACH AND SUBMIT THE FOLLOWING ITEMS:**

<input checked="" type="checkbox"/>	ITEM #	ITEM	DESCRIPTION
	1	Commissary	<b>Complete Commissary Application</b> and pay for applicable commissary license fee if commissary is not already a licensed food establishment. If you are not the legal owners of the commissary facilities, an agreement letter signed by both parties must also be submitted. You may use the sample agreement provided.
	2	Restrooms	<b>Complete and submit restroom availability plan.</b> Must include plans and agreement (if you are not the owner) for an employee restroom within 200 ft for operation at a fixed location and/or a restroom within 100 ft if you are planning to provide customer seating and tables.
	3	Menu	<b>Provide a menu</b> or detailed list of all the foods and drinks you will be serving.
	4	Food Preparation Methods	<b>Describe food preparation methods</b> including the location where each food prep step will take place. Use the "food preparation table" provided with this packet.
	5	Floor Plan and Equipment List	<b>Provide a scaled top-view drawing</b> of unit noting dimensions and layout of all equipment and facilities. Include all sinks, hot- and cold-holding equipment, cooking equipment and ventilation and plumbing details. All equipment and sinks must be labeled. Specify materials of the floor, walls and ceiling and all work surfaces.
	6	Photos	<b>Provide current photos of the mobile unit.</b> At least one side view and one front view photo; must be in color.
	7	Department of Labor & Industries	<b>Provide copy of written L &amp; I approval.</b> Must show approval of electrical, water, structural and mechanical systems from the Washington State Department of Labor and Industries. <i>This requirement does not apply to vending truck (prepackaged foods) type units.</i>

<b>8</b>	<b>Vehicle Registration</b>	<b>Provide a copy of the current registration of the mobile unit</b> from the Washington State Department of Motor Vehicles.
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## MOBILE UNIT QUESTIONNAIRE

**ALL INFORMATION REQUESTED MUST BE SUPPLIED BEFORE ANY PERMIT IS ISSUED.**

**Please write or circle "N/A" for any questions that do not apply to you.**

1. Where will the unit be stored after hours? (include name and address; cannot be a residence)	
2. Where will the water tank be filled? (name/address)	
3. What is the source of water? (name of water system)	
4. Where will the wastewater be emptied? (name/address)	
5. What is the size of the freshwater tank ? _____ gal	Size of wastewater tank? _____ gal
6. Will there be a restroom for employees when operating at a fixed location? <b>Yes</b> <b>No</b>	
7. Will you be providing customer seating and tables? <b>Yes</b> <b>No</b>	
a. If yes, will there be a restroom available to customers within 100 ft? <b>Yes</b> <b>No</b> <b>N/A</b>	
8. Will you be cooking/reheating foods on the mobile unit? <b>Yes</b> <b>No</b>	
9. Will any food prepared on the unit require cooking prior to the day it is served? <b>Yes</b> <b>No</b> <b>N/A</b>	
10. Will you prepare any meats more than one-inch in thickness on mobile unit? <b>Yes</b> <b>No</b>	
11. Will you be hot-holding foods on the mobile unit? <b>Yes</b> <b>No</b>	
12. Will you be cold-holding foods on the mobile unit? <b>Yes</b> <b>No</b>	
13. Will you be rinsing or soaking food in a sink on the mobile unit? <b>Yes</b> <b>No</b>	
a. if yes, will there be a separate food prep sink on the mobile unit? <b>Yes</b> <b>No</b> <b>N/A</b>	
b. if no, will there be a separate food prep sink at the commissary? <b>Yes</b> <b>No</b> <b>N/A</b>	
14. Will there be a separate sink on the unit used exclusively for handwashing? <b>Yes</b> <b>No</b>	
a. will the handwashing sink have hot and cold water, soap and papertowels? <b>Yes</b> <b>No</b> <b>N/A</b>	
15. Will dishes and utensils be re-used on the mobile unit during daily operation? <b>Yes</b> <b>No</b>	
a. If yes, will there be a 3-compartment sink with drainboards on the unit? <b>Yes</b> <b>No</b> <b>N/A</b>	
b. If no, will there be a 3-compartment sink at the commissary and an extra set of utensils kept on board unit ? <b>Yes</b> <b>No</b> <b>N/A</b>	
17. Will you provide a garbage can with a tight fitting lid for customer use? <b>Yes</b> <b>No</b>	
18. Will there be a probe thermometer available on the unit to monitor temperatures of hot and cold foods? <b>Yes</b> <b>No</b>	
19. Will all cold-holding units have a thermometer inside to monitor temperatures? <b>Yes</b> <b>No</b>	
20. Will all employees of the mobile unit have current WA State Food Worker Cards? <b>Yes</b> <b>No</b>	

***SHOULD ANY OF THIS INFORMATION CHANGE, THE HEALTH DISTRICT MUST BE NOTIFIED IN WRITING AT ONCE. THE PERMIT IS ONLY VALID FOR THE MENU AND PREPARATION STEPS APPROVED BY THIS OFFICE.***

**I UNDERSTAND THAT:**

1. LICENSES ARE VALID FOR THE CALENDAR YEAR; THEY EXPIRE DECEMBER 31. LICENSES SHALL BE RENEWED BY JANUARY 1 IF THE FOOD SERVICE OPERATES YEAR ROUND; SEASONAL FOOD SERVICES MUST RENEW BEFORE OPERATING DURING THE NEW CALENDAR YEAR. IF THE LICENSE FEE AND APPLICATION FOR YEAR ROUND FOOD SERVICES ARE MORE THAN 30 DAYS DELINQUENT, A FINE EQUIVALENT TO THE LICENSE AMOUNT WILL BE LEVIED. A LATE FEE AS DESCRIBED WILL ALSO BE LEVIED TO SEASONAL FOOD SERVICES THAT OPERATE BEFORE RENEWING THE LICENSE FOR THE CALENDAR YEAR. IN ADDITION, MOBILE UNIT OPERATORS MAY BE FINED UP TO \$500 PER DAY FOR OPERATING WITHOUT A VALID LICENSE.
2. LICENSES ARE NON-TRANSFERABLE AND ARE VALID ONLY FOR THE CURRENT OPERATOR AND CLASSIFICATION DESCRIBED ABOVE.
3. \$30.00 OF EACH REQUESTED REFUND OF A LICENSE FEE WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.
4. NO NEW LICENSES WILL BE ISSUED TO PERSONS OR BUSINESSES HAVING AN OUTSTANDING DEBT TO THE HEALTH DISTRICT.

IN ACCORDANCE WITH THE PROVISIONS OF ALL APPLICABLE HEALTH ORDINANCES, RULES AND REGULATIONS, I  
HEREBY APPLY FOR A LICENSE TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_