

PERMIT APPLICATION FOR A NON-PROFIT FOOD SERVICE ORGANIZATION

**GRANT COUNTY HEALTH DISTRICT
PO BOX 37, EPHRATA WA 98823
(509) 754-6060 www.granthealth.org**

High Risk Menu Items/\$100 **Moderate Risk Menu Items/\$70** **Low Risk Menu Items/\$40**

** Please check the box that applies to your organization. See back for fee that applies.*

PRE-OPENING INSPECTION:

Required for all new establishments, new owners, or new locations

1/2 Annual Permit Fee

PLAN REVIEW:

Required for all new establishments not licensed within Grant County in the last two year

1/2 Annual Permit Fee

Late Fee/Operating Without a Valid Permit

Double Normal License Fee

PLEASE CROSS OUT ANY INCORRECT INFORMATION AND FILL IN CURRENT INFORMATION.

NAME OF ESTABLISHMENT _____

STREET ADDRESS OF OPERATION _____

MAILING ADDRESS _____

BILLING ADDRESS _____

NAME OF PRESIDENT/MANAGER _____

CONTACT PHONE NUMBER _____

DAYS AND HOURS OF OPERATION _____

SOURCE OF WATER _____ STATE ID# _____

METHOD OF SEWAGE DISPOSAL _____

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

I UNDERSTAND THAT:

1. LICENSES ARE RENEWABLE ANNUALLY AND EXPIRE DECEMBER 31. LICENSES SHALL BE RENEWED BY JANUARY 1. DELINQUENT APPLICATIONS AND LICENSE FEES MAY RESULT IN CLOSURE. SEASONAL OPERATIONS SHALL OBTAIN THE LICENSE PRIOR TO THE OPENING DATE.

2. LICENSES ARE NON-TRANSFERABLE, AND ARE VALID ONLY FOR THE CURRENT OPERATOR AND THE ESTABLISHMENT LISTED ON THIS APPLICATION. CHANGES IN THE OPERATION OR LOCATION OF THE FOOD SERVICE ESTABLISHMENT REQUIRE PRIOR APPROVAL BY THE HEALTH DISTRICT AND MAY REQUIRE ADDITIONAL PERMITS.

3. \$30.00 OF EACH REQUESTED REFUND OF A LICENSE FEE WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.

4. NO NEW LICENSE WILL BE ISSUED TO PERSONS OR BUSINESSES HAVING AN OUTSTANDING DEBT TO THE HEALTH DISTRICT.

APPLICANTS SIGNATURE _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

Date _____ Receipt # _____ Initials _____ Amount Received _____ Date Permit Mailed _____