Date_____
Amt. r'cvd_____
Receipt #_____
Initials_____

Grant County Health District
P.O. BOX 37, EPHRATA, WA 98823
(509) 754-6060

FOOD SERVICE COMMISSARY APPLICATION

(Attachment E of Plan Review packet)

An approved commissary is required for all mobile food units and catering businesses.

Please choose one of the following options:

I._____Currently Licensed Facility-a food establishment currently licensed by GCHD or other appropriate health jurisdiction. No fee.

II._____Food Preparation Commissary*-may be used for storage, preparation, cooking and cooling of food, dish and utensil washing, storage of dry goods and non-perishable foods. $175/year

III._____Storage Only Commissary*-to be used only for refrigerated/frozen food storage, dry good and non-perishable food storage. $90/year

*plan review may be required (Half Annual Permit Fee)

Please complete the following:

Name of food establishment to use commissary:_____

Name of commissary: _____

Address of commissary: _____

Legal owners of commissary: _____

(If you are not the owner of this facility, please include a letter of permission from legal owners.)

Phone number at commissary and of owners: _____ _____

Weekly hours at commissary: _____

List all equipment used at commissary (i.e. handsink, freezer):

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

List tasks done at commissary (i.e. cut meat, wash dishes, etc):

_____ _____
_____ _____
_____ _____
_____ _____

Is a bathroom provided for employees at the commissary? YES NO

If so, does it have a handsink with hot and cold running water, soap and papertowels? YES NO

_____ _____
Singnature of Applicant Date

****Please notify the Health District immediately if any of the above information is changed****

Effective 4/1/08