

Secondary Mobile Food Unit Permit Application



GRANT COUNTY HEALTH DISTRICT
 1038 W. Ivy Ave • Moses Lake, WA 98837
 (509) 766-7960 • www.granthealth.org

Date _____
Amt. Rcvd _____
Paid By _____
Receipt # _____
Permit Mailed _____

This application is for mobile food units currently licensed outside of Grant County

- ✓ Name of County/LHJ where primary permit is held: _____
- ✓ Desired date of opening: _____

To complete this application, answer the questions on the following pages, and attach and submit the items listed below:

<input checked="" type="checkbox"/>	ITEM #	ITEM	DESCRIPTION
	1	Current Permit from Primary Jurisdiction	A copy of the current primary permit issued by the regulatory authority to operate a mobile food unit within the jurisdiction of the regulatory authority where the business is primarily located. The applicant must be the primary permit-holder.
	2	Original Approved Plan Review	A copy of the complete approved plan review from the regulatory authority where the primary permit is held.
	3	Recent Inspection Report	A copy of the most recent inspection report of the mobile food unit from the primary regulatory authority that demonstrates compliance with food safety standards. Only “operational” inspections (i.e. routine inspection) without any violations will be accepted.
	4	Primary Permit Commissary Agreement	Any commissary agreements that the applicant is required to maintain under the permit from the primary regulatory authority.
	5	Restroom Agreement	Must include plans and agreement (if you are not the owner) for an employee restroom within 500 ft when operating at a fixed location for more than one hour, and/or a restroom within 100 ft if you are providing customer seating and tables.
	6	Local Commissary Agreement	A local commissary agreement is required <u>except</u> if: <ol style="list-style-type: none"> 1. The mobile food unit returns to the existing approved commissary after each day of service as described in the approved plan from the primary regulatory authority, OR 2. The mobile food unit is exempt from the use of a commissary under RCW 43.20.148.

*Items 1-6 above are required to be eligible for a secondary mobile permit. Any missing items will result in denial of the permit application.

Mobile Unit Name/Business Name:

(Name on outside of the unit; cannot be identical to any others; if needed, follow name with a number to distinguish between units)

Owner Information:

TYPE OF OWNERSHIP: Corporation/LLC Association Individual Partnership Charitable/Nonprofit

LEGAL OWNER OF MOBILE UNIT: _____

OWNER NAME _____ DATE PURCHASED _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE# _____ EMAIL _____

Mobile Unit Information

YEAR _____ MAKE _____ MODEL _____

LIC PLATE # _____ VIN# _____

BUSINESS PHONE# _____ AFTER HOURS# _____

PERSON IN CHARGE/MANAGER _____ EMAIL _____

NAME OF WATER SYSTEM _____ SEWAGE DISPOSAL SYSTEM city sewer
 onsite septic

Operation Information

Will this unit be operating in a fixed location?

Yes (if yes, provide address below)

No (if no, write a description of the operation location below or attach itinerary)

Daily hours of operation: _____

Days: MON TUES WED THURS FRI SAT SUN

1. Is this business seasonal? No Yes If yes, which months:
 JAN FEB MAR APR JUN JUL AUG SEPT OCT NOV DEC

2. Is this business intermittent? (only operates in conjunction with events, no regular schedule)
 No Yes (If yes, fill out “event information list” and attach with this form)

Risk Factors: This Food Establishment operation will have the following processes and/or facilities:

✓ **check all that apply**

<input type="checkbox"/>	Cold-holding of PHF/TCS food (PHF= potentially hazardous food; TCS= time/temp control for safety food)
<input type="checkbox"/>	Handling or service of unpackaged food
<input type="checkbox"/>	Hot-holding of PHF/TCS food
<input type="checkbox"/>	Reheating for hot-holding (food previously cooked and cooled in the establishment)
<input type="checkbox"/>	Cooking of food from raw state? (meat, poultry/eggs, vegetables, rice, etc.)
<input type="checkbox"/>	Cooling of PHF/TCS food heated in the food establishment
<input type="checkbox"/>	Handling or prep of raw vegetables or fruits (washing, cutting, assembling, etc.)
<input type="checkbox"/>	Handling or prep of raw meat/poultry/fish/seafood
<input type="checkbox"/>	Use of “time as a public health control” instead of, or in addition to, temperature control
<input type="checkbox"/>	Serves a vulnerable or highly susceptible population (children under 5, elderly or immunocompromised persons)
<input type="checkbox"/>	Offers food that is served undercooked or raw with a consumer advisory
<input type="checkbox"/>	Uses any “specialized process” such as vacuum packaging, canning, curing/smoking meats for preservation, etc.
<input type="checkbox"/>	Mobile food unit - readily moveable food establishment, i.e., food truck, concession trailer, pushcart
<input type="checkbox"/>	TOTAL - Use box to the left to write in the total number of risk factors for this food establishment.

Risk Level: The total number of risk factors as noted above will determine the food establishment risk level.

1 to 3 risk factors = Level 1

4 to 6 risk factors = Level 2

≥ 7 risk factors = Level 3

Permit Type & Fees: Refer to the current fee schedule document to determine your permit type and fees or consult with GCHD staff.

<https://granhealth.org/food-application/>

Type of permit you are applying for: _____

Fees included - check all that apply and enter amount to the right

<input type="checkbox"/>	Permit fee (Prorated? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
<input type="checkbox"/>	Plan Review (1/2 permit fee)	
<input type="checkbox"/>	Preopening Inspection (1/4 permit fee)	
<input type="checkbox"/>	Menu or Structural Plan Review only (1/4 permit fee)	

Total: _____

Applicant Statement:

I HAVE ENCLOSED \$ _____ FOR A FOOD ESTABLISHMENT PERMIT AND OTHER APPLICABLE FEES.

BY SIGNING, I ATTEST TO THE ACCURACY OF THE INFORMATION I HAVE PROVIDED. MY SIGNITURE ALSO AFFRIMS THAT I WILL COMPLY WITH WAC CHAPTER 246-215 AND ALL APPLICABLE GCHD ORDINANCES & POLICIES; AND I WILL ALLOW GCHD REGULATORY STAFF ACCESS TO THE ESTABLISHMENT AND ITS RECORDS AS SPECIFIED IN WAC-246-215.

I UNDERSTAND THAT:

- *PERMITS ARE RENEWABLE ANNUALLY. THEY EXPIRE DECEMBER 31 AND SHALL BE RENEWED BY JANUARY 1st (SEASONAL ESTABLISHMENTS SHALL RENEW THE PERMIT PRIOR TO THE OPENING DATE). DELINQUENT APPLICATIONS AND PERMIT FEES WILL RESULT IN LATE FEES AND POSSIBLE IN CLOSURE.*
- *\$30.00 OF EACH REQUESTED REFUND OF A PERMIT FEE FOR A FOOD ESTABLISHMENT WHICH DOES NOT OPERATE DURING THE PERMITTED YEAR WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.*

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

APPLICANT NAME (PRINTED) _____ **SIGNATURE** _____

TITLE _____ **DATE OF BIRTH** _____ **DATE OF APPLICATION** _____