



# Food Establishment Permit Application

Applicant - Please verify and make any changes necessary to the form below.  
Form must be completed before permit can be issued.

Establishment	<b>Establishment name:</b>				
	Physical address:		City:	State:	Zip:
	Phone#:		Fax#:	Email:	
	Ownership:    Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association    Corporation    Other legal entity:				
	Mailing Address:				

Owner	<b>Legal or corporate owner name*:</b>			Title:	Birthdate:	
	Owner home address:		City:	State:	Zip:	
	Phone#:		Cell#:	Email:		
	<i>* List names, titles, &amp; addresses of all other persons comprising legal ownership of this establishment on an additional sheet of paper.</i>					

Person Respon.	<b>Person directly responsible for this establishment:</b>				Title:
	Address:		City:	State:	Zip:
	Phone#:		Cell#:	Email:	

Super-visor	<b>Supervisor of the above person (e.g., district manager):</b>				Title:
	Address:		City:	State:	Zip:
	Phone#:		Cell#:	Email:	

<b>Months open:</b>					
<b>Days &amp; hours open:</b>	<input type="checkbox"/> Mon hours:	Tue hours:	<input type="checkbox"/> Wed hours:		
<input type="checkbox"/> Thu hours:	Fri hours:	Sat hours:	<input type="checkbox"/> Sun hours:		

Source of water supply:					
Method of wastewater disposal:					
Have there been any menu changes since your last application? <input type="checkbox"/> Yes    No					
If yes, provide a revised menu and food preparation steps for the new menu items.					
Operates in conjunction with a Commissary Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please submit a completed Commissary Agreement					

**Note to Permit Applicant:** By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with WAC 246-215, and will allow Spokane Regional Health District (SRHD) access to the establishment and its records as specified in WAC 246-215.

Signature of Permit Applicant

Printed Name

Date

**Please return application with payment to 1101 W College Ave, Room 402, Spokane WA 99201-2095  
Make checks payable to Spokane Regional Health District.**

SRHD Office Use Only	<b>Permit type:</b>		/	<b>Exp. date:</b>	<b>Fee:</b>
	Reg. #:		Check #:	Amount:	Paid by:
	Permit issued by:	Issue date:	Approved by:	Approved date:	
	<input type="checkbox"/> Change of ownership <input type="checkbox"/> New establishment <input type="checkbox"/> Other, specify:				