



Reciprocity Submission – Mobile Food Unit

This reciprocity submission form is a list of documents required to request plan review reciprocity for your mobile food unit.

What is the primary county of operation for your mobile unit?	
Do you have approval from Washington State Department of Labor and Industries (L&I)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to operate at temporary food events in Spokane County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which event(s)/date(s)?	
How many meals a day do you anticipate serving?	Will any customer seating be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the estimated opening date?	VIN # of mobile unit:

Submit the following documents, marked approved, from the originating Local Health Jurisdiction (LHJ)

√	Item	Description
	Application for Permit from originating LHJ	Provide original application submitted for permitting from the originating Local Health Jurisdiction (LHJ).
	Application for Permit for SRHD	Complete and submit the application for a permit to operate in Spokane County. The application for permit can be found on our website: https://srhd.org/media/documents/FoodPermitApplication.pdf
	L&I Approval	A copy of Washington State Department of Labor and Industries sticker or label.
	Approved Menu/Food Preparation Steps from originating LHJ	Submit a copy of the original menu and food preparation steps approved by the originating LHJ.
	Floor Plan – Mobile Unit	Submit the approved floor plan from the originating LHJ showing the location of all equipment, sinks, refrigeration, and indirect drainage.
	Equipment List – Mobile Unit	Provide either the make & model numbers of all food equipment used on the unit or provide the specification sheets approved by the originating LHJ. All equipment must be commercial grade (NSF or equivalent).
	Finish Schedule	Provide a list of all materials used on the floors, walls, and ceiling. Finish surfaces must be smooth, durable, easily cleanable, and non-absorbent.
	Cleaning Schedule	Description of procedures and frequency of cleaning utensils, equipment, freshwater tanks, and interior surfaces in the mobile unit must be submitted.
	Copy of the current permit from the originating LHJ	The permit to operate from the originating LHJ may not be expired and must be in good standing.
	Copy of the most recent routine inspection report completed by the originating LHJ	Reciprocity may not be granted if the inspection history shows non-compliance with any aspect of the Washington State Retail Food Code.

A Commissary or Servicing Area in Spokane County may be required if returning to a commissary is required after each day of operation as approved in the original plan of operation.	
Mobile Unit Water Source / Wastewater Disposal (Servicing area)	Source and location for sourcing potable water: Location for wastewater disposal to sewer:
Commissary Kitchen Agreement	If you are not using your own commissary, a written and signed commissary agreement must be provided. The commissary agreement must include a list of all services provided by the commissary, such as restroom use, dry goods storage, use of refrigerator space (including the number of cubic feet of refrigeration space allocated to you), etc.
Restroom(s)	A separate restroom use agreement may be required if the mobile unit will be parked in a set location for more than one hour or if customer seating will be provided. The restroom must be within 500 feet of the mobile unit.
Floor Plan – Commissary	Provide a floor plan of the commissary. Show the location of all equipment (sinks, refrigeration, countertop appliances etc.) that you will use. <ul style="list-style-type: none"> • A plumbing plan must be included showing all indirect drainage.
Equipment List - Commissary	Provide make and model numbers of all equipment (including countertop appliances). All food equipment must be commercial grade, (NSF or equivalent).

Variances approved by another county are not transferrable and are not automatically approved by reciprocating counties.

Reciprocity packets must be submitted at least 14 days prior to the anticipated first date of operation. Be advised that mobile units operating without a permit issued by SRHD are subject to an operating without a valid permit fee for each observed instance of operation within the jurisdiction.

- **The reciprocity information may be submitted in person or by mail to Spokane Regional Health District, 1101 W College Avenue #402, Spokane, WA 99201, by fax to 509.324.3603 or scanned and emailed as a PDF attachment to FoodSafetyProgram@srhd.org.**
- A \$60 administrative fee is due at time of submission. This administration fee is charged of new food service applicants requiring processing of documents. This is not a fee for the plan review. Once verified to meet reciprocity requirements, the annual permit fee will be invoiced, and payment must be submitted to receive your permit. Payment may be made over the phone using debit/credit card to the SRHD Financial Service Office at 509.324.1601.

Review of submittals begins only after all required documents and the administrative fee have been received.

Signatures	
By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with chapter 246-215 WAC, and will allow SRHD access to the establishment and its records as specified in chapter 246-215 WAC. You agree to notify SRHD in advance of changes in menu, equipment, operation, or ownership and any changes with your primary permit with the original local health jurisdiction.	
Signature of applicant:	Date:
Printed name:	Phone:



Commissary Agreement

This agreement between the commissary owner and the establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary. This commissary agreement is not transferrable to other parties and becomes null and void upon change of ownership of either party. It is the vendor's responsibility to notify Spokane Regional Health District (SRHD) in advance of any proposed changes or modifications to the agreement. Modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by SRHD. This suspension is effective until a new agreement is provided in writing to SRHD and approved.

Applicant Information

Vendor Name:

Permit #:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Cell:

Days of week vendor uses commissary: M T W Th F Sat Sun

Vendor hours of operation:

Commissary Information

Name of Commissary:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Cell:

Days of week commissary provides access to vendor: M T W Th F Sat Sun

Hours of operation:

Services provided by commissary

- Potable Water Wastewater Disposal Garbage Disposal Dry Storage Bathroom Access Ice Machine (indirectly drained)
 Walk-In Refrigeration Space, indicate ft³ provided: Reach-In Refrigerator/Preparation Cooler Space, indicate ft³ provided:
 Freezer Space, indicate ft³ provided: Cooking Equipment
 Cart Storage Space Food Preparation Sink (indirectly drained) Mop Sink 3-Compartment Sink Food Preparation Space

Signatures

By signing this form, both parties understand that modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by SRHD.

Signature of Commissary Owner:

Printed Name of Commissary Owner:

Date:

Signature of Vendor Owner:

Printed Name of Vendor Owner:

Date:

