

Department of Public Services

Phone: 360-249-4222

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100 West Broadway; Suite 31
Montesano, Washington 98563
www.co.grays-harbor.wa.us

GRAYS HARBOR COUNTY

STATE OF WASHINGTON

Dear Applicant:

Attached is a plan review packet for Mobile Food Units including Mobile Espresso Facilities in Grays Harbor County. As stated in WAC 246-215-08300, no person shall operate a food service establishment who does not have a valid permit issued to him/her by the regulatory authority. A valid permit shall be conspicuously posted in every food service establishment, mobile unit, or temporary food service establishment. All new operations and changes of ownership require a complete plan review. **It is highly recommended you fill out and return this application for review prior to any remodeling or construction of your mobile food service vehicle.**


A Mobile Food Unit (MFU) is defined as a readily movable self-contained food establishment that can be pushed, driven, or towed (without the removal of structural parts). When operating the MFU from a fixed location or on an established daily route, the MFU shall return to a commissary or servicing area on a daily basis or more often as necessary. The commissary or servicing area is an essential part of a mobile units operation. **An approved base of operation or commissary must also be provided for Mobile Food and Espresso Units.**

The commissary must be a licensed facility and is required for all operations which themselves are not capable of meeting all requirements. A commissary is required for all food preparation and storage done outside of the mobile food service unit. The commissary must also provide commercially approved methods of cleaning and sanitizing all equipment, utensils, water tanks, carts, etc. Cleaning and sanitizing of the mobile food service unit is required on a daily basis. If applicable, a service area may be used in substitution of a commissary.

Please note that a required fee of \$197 is due and payable prior to the plan review and pre-opening inspection. This covers one hour of review time. If additional review time, inspections and services are requested/required, you will be billed at a rate of \$78 per hour for technical assistance. **A minimum** of two weeks is necessary for the Environmental Health Division to review any plans. Any revision of plans must be submitted to the Environmental Health Division in writing for review and approval and may delay the issuance of a permit. **An inspection may be required by the health officer for the renewal of a permit and will be required prior to opening for all new permits to determine compliance with these regulations.**

For additional information regarding the rules and regulations for a Mobile Food Service Establishment, please refer to the **MOBILE FOOD UNIT PLAN REVIEW AND PERMITTING GUIDE**.

If you have any questions or need further assistance please contact this office at (360) 249-4222.

	GRAYS HARBOR COUNTY DEPARTMENT OF PUBLIC SERVICES ENVIRONMENTAL HEALTH DIVISION	100 W Broadway Suite 31 Montesano, WA 98563 360-249-4222 360-249-3203 fax
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MOBILE FOOD UNIT APPLICATION CHECKLIST

To make the mobile planning process as easy as possible, please refer to the attached Mobile Food Unit Guideline and complete the following checklist. As you prepare your plans, please remember your attention to detail will assist staff in completing the review in a timely manner; thus, helping to reduce your plan review costs and the time it takes to complete the review. It is important to make sure your plans are accurate, complete, and legible. Please see the **MOBILE FOOD UNIT PLAN REVIEW AND PERMITTING GUIDE** for additional clarification.

To ensure that the following items have been provided in your application, please initial off each item from the check list prior to submitting them to the Environmental Health Department. The application is subject to additional plan review fees if all the requested information on the check list is not submitted at one time. Once complete, please mail or drop off the entire application to the address listed above. Please allow at least 2 weeks to complete the initial review.

THIS CHECKLIST MUST BE COMPLETED AND INCLUDED WITH THE PLAN REVIEW APPLICATION

INITIALS	ITEM#	ITEM	DESCRIPTION
	1	Plan Review Fee	Plan Review Fee. There is a \$197.00 fee due at time of the application being submitted. This fee covers 1.0 hr of plan review time. Additional time will require additional fees.
	2	Food Handling Questionnaire	Food Handling Questionnaire. Be sure your answers show an accurate depiction of your food handling processes. You also need to include your menu, floor plan, equipment list and Standard Operating Procedures (SOP's).
	3	Department of Labor & Industries	Washington State L&I Approval. Provide written approval or decal that would indicate the electrical, plumbing, structural and mechanical systems to the mobile food unit has been approved by Washington State Department of Labor & Industries. <u>This requirement only applies to occupied mobile food units.</u>
	4	Department of Motor Vehicles	Washington State DMV Registration. If using a trailer as a mobile unit, then proof of ownership or permission of a tow vehicle capable of towing the trailer is required.
	5	Other Jurisdiction and government Agencies	The applicant/owner has contacted other government agencies to obtain approval to operate. Permission to operate by other government agencies is often determined by site location, cooking methods, size of unit or other additional requirements needing approval. Such agencies may include, but are not limited to, county and/or city officials for planning, zoning, building, fire, or permitting.
	6	Restroom Agreement	Provide a signed restroom agreement(s). This is required when the mobile food unit parks and operates at one location for over an hour. Restrooms shall be within 200 feet of the mobile food unit and be made available for all employees and customers when seating is provided. Use the restroom agreement form provided.



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FOOD SERVICE ESTABLISHMENT FINISH REQUIREMENT FORMS

Finish Requirements: Fill out this chart and include all rooms or areas used for food preparation and food storage. Include restrooms. Example: kitchen, bar, dishwashing area, etc.

Floor, walls and ceilings must be smooth, impervious, non-absorbent, and easily cleanable. Coved floor-wall junctures must be provided. Walls and ceilings must be light in color. In all food prep/kitchen and dishwashing areas, bars, and wait stations, acoustical tile is NOT acceptable. Inside of bar area must be smooth, non-absorbent and easily cleanable. Four inch minimum required for baseboard coving.

Room or Food Area	Floors: Finish Material	Coving	Walls: Color and Finish/Material	Ceilings: Color and Finish/Material
EXAMPLE: Restrooms	Ceramic Tile	Rubber Base 4"	White Fiberglass Reinforced Panels (FRP)	White Vinyl Clad Ceiling Tiles
Kitchen/Food Preparation				
Restrooms				
Dry Storage				
Dishwashing Areas				
Waitress Station or Service Counter Area				
Walk-in Cooler/Freezer				
Other: Bar, meat cutting, or bakery area, etc Please specify				



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MFU FOOD HANDLING QUESTIONNAIRE

Please complete BOTH SIDES of this questionnaire with as much detail as possible. Answers to the following will determine if your food handling techniques are consistent with proper food safety and public health protection. Since it has been shown that the majority of foodborne illness outbreaks are contributed to errors in food handling (e.g., improper cooling, reheating, etc.), it is important that proper procedures be employed from the start of operation of the food service establishment.

Potentially Hazardous Foods (PHF) are defined as those foods which will support the growth of foodborne illness causing bacteria and are those foods which have a high moisture and protein content and a low amount of acidity. PHFs, which have been frequently identified as vehicles of a foodborne illness, include meat, poultry, seafood, dairy products, cooked rice/potatoes/beans, soups and gravies, potato and other combination salads. The definition does not include commercial hard cheeses, commercially prepared mayonnaise or salad dressings, raw unprocessed vegetables or fruits (except cut melons, cut leafy greens, sliced or diced tomatoes and sprouts).

1. Cooling of Potentially Hazardous Foods

Will any potentially hazardous food be cooled? Yes ☐ No ☐

If yes, explain in detail how you are cooling foods. Include:

- A. Location
- B. Technique
- C. Time, if any foods are allowed to pre-cool at room temperature
- D. Types of containers used, and the level of food placed in these containers to cool
- E. Whether or not foods are covered during the cooling process
- F. How the process will be monitored
- G. If using an ice bath, when are foods placed in refrigeration (at what temperature); how often are foods being stirred; what level is the ice in relation to the food
- H. What happens to any leftover food items that are cooked on the MFU at the end of the day

2. Reheating Potentially Hazardous Foods (Complete this area if you answered "Yes" to 1 above.)

If you are going to reheat PHFs, please describe the process and include:

- A. Heating equipment used for reheating (stove burner, convection oven, etc.)
- B. Total amount of time taken to reheat before service or hot holding
- C. Temperature you will be reheating to
- D. How the process will be monitored
- E. What happens to any food item that is reheated on the MFU at the end of the day

3. Hot and Cold Holding of PHFs

If you are going to be hot or cold holding PHFs, describe:

- A. The temperature of PHFs before they are placed into hot holding units (steam tables, crock pots, etc.) or cold holding units (salad, bars, cold wells, refrigerators, etc.)
- B. The internal temperature of PHFs in hot or cold holding units to be maintained throughout the day
- C. How the process will be monitored
- D. What happens to any food item that is hot held on the MFU at the end of the day

4. Personnel Hygiene

- A. Describe how the hygiene of personnel will be addressed in your establishment and include:
- B. Policy on where and when handwashing occurs
- C. Policy of ill food service workers
- D. How employees will eliminate direct bare hand contact with food
- E. What is the proper way to wash hands that all food service employees must follow

5. Cooking Temperatures

- | | | | |
|------------------|-------|------------------------------|-------|
| • Beef | _____ | • Casseroles containing PHFs | _____ |
| • Poultry | _____ | • Pork | _____ |
| • Fish/Shellfish | _____ | • Ground Beef | _____ |

How will you monitor the cooking temperatures of these and other foods?

6. Cleaning and Sanitization Procedures/Storage

- A. Describe how and when the MFU and utensils will be cleaned and sanitized. Be sure to include the type and concentration of sanitizer you will be using and the sink(s) to be used and if test strips will be provided. Identify what will be cleaned and sanitized on the MFU and what will be cleaned and sanitized at the commissary/service area.

7. MFU Standard Operating Procedures

This information is required to provide an outline of the MFU's daily activities and details.

- A. Preloading time of the MFU at the commissary
- B. Describe how food will be transported from the source to MFU or commissary.
- C. What are your hours of operation (open to the public)
- D. Describe how and when the MFU will be moved.
- E. Describe how and where fresh water tanks will be filled.
- F. Describe how and where wastewater tanks will be emptied.
- G. Details of Food preparation and food storage at the commissary
- H. Details of food preparation in the MFU
- I. Outline closing procedures for the unit, including time returning to MFU to the commissary, unloading, solid waste removal, storage of supplies, and cleaning and maintenance of water and wastewater tanks.
- J. Where will the MFU be parked or stored while not in service?
- K. Describe how often food deliveries will be made to support the MFU?

8. Additional Information Required

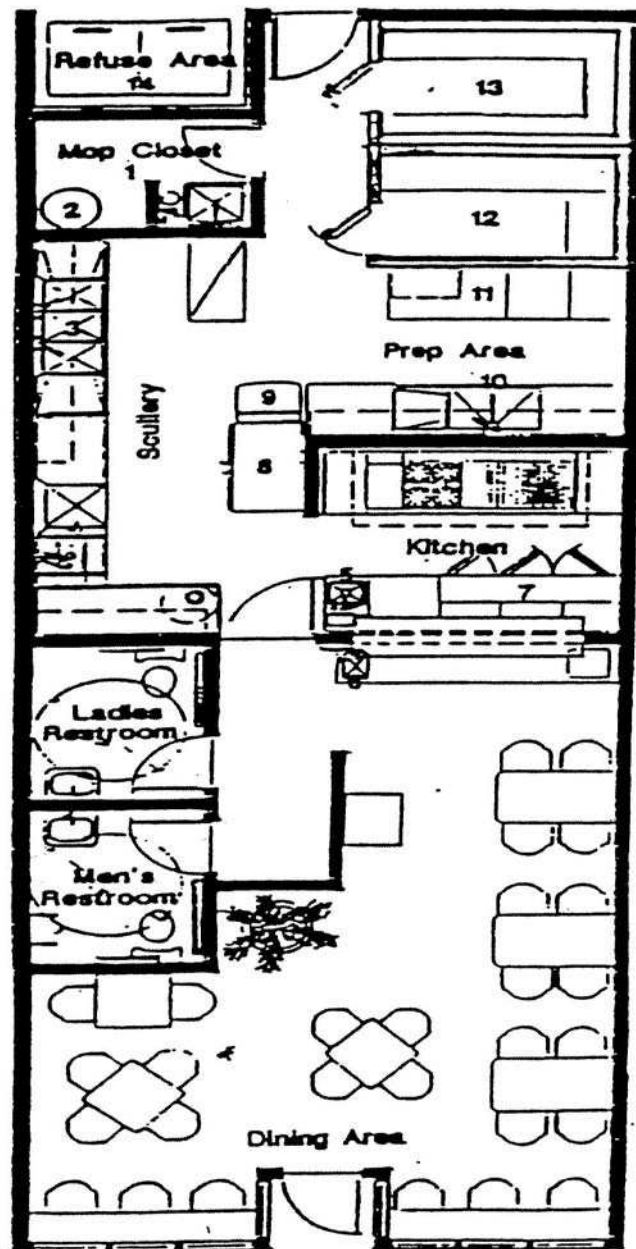
Please submit with packet on separate pages.

- A. Menu
- B. List of all food service related equipment including make and model number.
- C. Floor plan including the layout of all sinks, refrigerators, equipment, etc. See attached example of a detailed floor plan drawing to use as a guide.

EXAMPLE OF FLOOR PLAN

EQUIPMENT SCHEDULE

1. Mop sink
2. Hot water heater
3. Three compartment sink
4. Dishwasher with pre-wash
sink
5. Hand sink
6. Water fill station
7. Sandwich prep refrigerator
8. Reach-in refrigerator
9. Ice machine
10. Food prep sink
11. Work counter with slicer
12. Walk-in refrigerator
13. Walk-in freezer



SCALE: 1" = _____

North Arrow

The image shows a blank grid map template. At the top left, there is a scale bar labeled "SCALE: 1" = _____". At the top right, there is a north arrow pointing upwards, labeled "North Arrow". The grid consists of 20 columns and 20 rows of squares. The grid is centered on the page.



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MOBILE FOOD UNIT COMMISSARY / SERVICING AREA AGREEMENT

Mobile Food Unit Name: _____ Owner/Operator: _____

Hours and Days of Operation: _____

Time and Days at Commissary/Servicing Area: _____

This form is to be completed when the owner of the commissary (i.e. food establishment) or servicing area (i.e. approved business) agrees to provide specific services to support a mobile food unit (MFU) operation. Please refer to the guide to differentiate between the two types of agreements. This agreement between the commissary or servicing area owner and the MFU owner signifies that both parties agree that the following services shall be provided.

Approved Water Source	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Waste Water Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage/Trash Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dry Storage Space (adequate shelving provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Refrigeration (adequate shelving provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Machine Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Preparation Sink Availability (with air gap)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Three Compartment Sink or Dishwasher Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mop Sink Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restroom Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Food Unit Storage Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No
After-hours accessibility (entrance key provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the MFU operating permit issued by Grays Harbor County Environmental Health.** This suspension is effective until a new agreement is provided and approved.

MOBILE FOOD UNIT COMMISSARY (FOOD ESTABLISHMENT)/SERVICING AREA AUTHORIZATION:

Commissary /Servicing Area Name: _____

Commissary/Servicing Area Operation Hours and Days: _____

Address: _____ City: _____ Phone: _____

(PRINT NAME OF COMMISSARY/SERVICING AREA OWNER) (SIGNATURE OF COMMISSARY/SERVICNG AREA OWNER) (DATE)

(PRINT NAME OF MOBILE FOOD UNIT OWNER) (SIGNATURE OF MOBILE FOOD UNIT OWNER) (DATE)



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MOBILE FOOD UNIT RESTROOM AGREEMENT

Mobile Food Unit Name: _____

Mobile Food Unit Site Location: _____
(Street address) (City)

Mobile Food Unit Hours and Days (at above location): _____

Signature Mobile Food Unit Owner _____

A mobile food unit parked at the same location for more than one hour and/or one that provides seating for customers **MUST** have restroom facilities within 200 feet of the mobile food unit. No crossing any major intersections or multiple lanes of traffic to reach the restroom will be allowed. Restrooms shall have pressurized hot and cold water, soap, and single-use paper towels available. Both the operator and seating customers need access to restrooms during all hours of operation, including set up times. Failure to have any access may result in closure of the mobile food unit. **Please respond to the following questions below:**

1. Is your mobile food unit at the same location for more than one hour ☐ Yes ☐ No

2. Is customer seating provided nearby the mobile food unit ☐ Yes ☐ No

If your answer is YES to one or both of the above questions, then mobile food unit owner must obtain authorization from a nearby business to have access to their restroom(s).

Restroom Facility Location:

Business Name: _____ Owner's Name: _____

Physical Address: _____ City: _____

Business Phone Number: (____) _____ Business Hours and Days: _____

Approximate distance from mobile food unit to restroom (feet): _____

Does the mobile food unit owner/operator have access to these restroom(s) after hours: ☐ Yes ☐ No

Do customers of the mobile unit have permission to access these restrooms: ☐ Yes ☐ No

Authorization to Use Restroom Facilities:

(Printed Name of Person Authorizing Mobile Food Unit to Utilize Restroom Facilities) (Date)

(Signature of Person Authorizing Mobile Food Unit to Utilize Restroom Facilities) (Date)

A separate form will be needed for each restroom location or if hours of operation are covered by multiple restroom agreements



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MOBILE FOOD UNIT SITE LOCATION(S) AND SCHEDULE

Mobile Food Unit Name: _____

Owner/Operator: _____

Mobile food units (vehicles, trailers, and pushcarts) permitted to operate in Grays Harbor County must submit a site location/schedule where they intend to operate their mobile food unit, including days of the week and hours of operation. Also, include any public event(s) the mobile food unit may attend.

A RESTROOM AGREEMENT IS REQUIRED IF OPERATING AT ANY LOCATION(S) FOR MORE THAN ONE HOUR. Restrooms shall not be located across from any major intersections or multiple lanes of traffic and shall be within 200 feet to a business that is open with the same operating hours and days or access is available after hours.

Please list below all location(s) where the mobile food unit will operate.

Operating Site Location(s) Street Address and City	Operating Hours and Days of Week Scheduled at Location(s) - Approximately
Example: 100 W. Broadway, Montesano	Example: Monday through Friday, 8:00 AM to 5:00 PM

NOTE: If the mobile food unit location(s) or schedule changes, you must submit an updated itinerary to our office either in-person, by mail or fax at the contact information shown above within 72 hours.



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FOOD SERVICE ESTABLISHMENT FACILITY REQUIREMENTS FORM

Facility Requirements Instructions: The following is a list of facility requirements for opening a food service establishment. Read each requirement below and initial if in compliance or mark N/A if not applicable in OWNER USE Column. Please make sure that you understand and satisfy all applicable requirements for your food service establishment. An inspector will check each requirement off using the left column (marked EHD USE) during the pre-opening inspection. Failure to meet these requirements upon the pre-opening inspection may delay opening of your establishment. Please call if you have any questions. Incomplete applications will be *returned*.

EHD USE			OWNER USE
		UTILITY INSTALLATION	
	1.	All plumbing and electrical conduit are to be installed within and behind walls and ceilings of below floors. Exposed water pipes, sewer lines, and/or electrical conduit running along walls, ceilings, or floors are not approvable (for new and remodeled food service establishments).	
		DOORS AND WINDOWS	
	2.	All outside openings must be tight fitting to exclude the entrance of insects and rodents. One of the following	
		Must be provided:	
	3.	Opening windows: Screens <input type="checkbox"/> Air Curtain <input type="checkbox"/> Self-closing <input type="checkbox"/> Other <input type="checkbox"/>	
	4.	Outside doors: Screens <input type="checkbox"/> Air Curtain <input type="checkbox"/> Self-closing <input type="checkbox"/> Other <input type="checkbox"/>	
		LIGHTING REQUIREMENTS	
	5.	30 foot-candles of light on all working surfaces and equipment in food preparation and utensil washing area including equipment located under vent hoods.	
	6.	Protective shielding for all light fixtures in food preparation, utensil and equipment washing, and other areas where food is stored or displayed (shatter proof bulbs may be substituted).	
	7.	Protective shielding or shatter proof bulbs provided for inside of all refrigerators, freezers, and walk-in coolers and freezers.	
	8.	Overhead lighting provided in walk-in coolers and freezers	
		OUTSIDE TRASH STORAGE FACILITIES	
	9.	Constructed of smooth, non-absorbent, and easily cleanable surfaces (concrete or asphalt).	
	10.	Durable outdoor containers with tight fitting lids required.	
	11.	Pick up schedule must be frequent enough to prevent garbage overflow.	
		VENTILATION	
	12.	All ventilation installed according to the Uniform Building and Mechanical Codes.	
	13.	Ventilation must be adequate so that all areas including restrooms are kept free from excessive heat, steam, condensation, vapors, fumes, or objectionable odors.	
	14.	Ventilation system filters must be readily removable for cleaning.	
	15.	Ensure design, installation, and maintenance of ventilation systems are in accordance with applicable, state and local fire codes.	

		TOILET FACILITIES	
	16.	Toilet facilities are required when customer seating for on-premises consumption of food or drink is provided. Employees may use the public restroom if an employee restroom is not provided. If public restrooms are not provided, then an employee restroom is required.	
	17.	Facilities must be available to patrons without passing through the food preparation, utensil washing, and storage areas.	
	18.	Must be located within 200 feet by normal pedestrian route if food facility is located in multi-purpose building	
	19.	Toilet facilities must be accessible at all times when establishment is open	
	20.	Sanitary napkin receptacles should be provided in female restrooms and in common employee restrooms (a covered trash receptacle will suffice).	
	21.	Restroom doors must be self-closing	
		EMPLOYEE AND PERSONAL BELONGINGS	
	22.	Where will storage facilities for employees' clothing and other personal items be located if dressing rooms are not provided?	
		WATER	
	23.	If on a well, a plot plan is required which shows the well, septic system (if applicable) and the building.	
	24.	Water source _____	
	25.	Hot and cold water under pressure must be supplied to all fixtures and equipment requiring water.	
		HAND WASHING FACILITIES	
	26.	Hand washing facilities must be readily accessible in all food preparation areas, equipment utensil washing areas, and restrooms. A separate sink installed and used for hand washing only is required.	
	27.	Self-dispensing, spring-loaded, or metering faucets must provide a flow of water for at least 15 seconds without the need to reactivate.	
		SEWAGE DISPOSAL	
	28.	If an onsite septic system is used, it must be an approved system. Permit# _____	
	29.	Provided by: City Sewer _____ Name _____	
		DESIGN, CONSTRUCTION, AND INSTALLATION OF EQUIPMENT	
	30.	All equipment and utensils meet National Sanitation Foundation Standards (NSF) or equivalent. Domestic type refrigerators, freezers, stoves, crock pots, sinks, etc. are not acceptable. Submit the make and model numbers of all equipment on a separate page.	
	31.	A food preparation sink with an 18 inch drain board must be provided if vegetables, salads or fresh fruit are a standard menu item or if food is processed in a manner that requires placement in a sink.	
	32.	Running water dipper wills are needed for the storage of frozen dessert utensils.	
		EQUIPMENT PLACEMENT	
	33.	Equipment used for food preparation or storage installed so as to facilitate cleaning around and beneath each unit.	
	34.	Equipment which is placed on tables or counters is either readily movable, sealed to or mounted on legs or feet at least four inches high to facilitate easy cleaning.	
	35.	Floor mounted equipment, unless readily movable (on castors), sealed to floor, installed on raised platforms or concrete or masonry or elevated at least six inches above the floor.	
		CLEANING/SANITIZING OF EQUIPMENT AND UTENSILS	
		MANUAL REQUIREMENTS:	
	36.	A three compartment sink must be provided. Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.	
	37.	Drain boards are to be as wide as adjoining sink compartment.	
	38.	Wall mounted or other approved drain shelving may be substituted for air drying.	
	39.	A four compartment sink is required for a bar, tavern, or lounge.	
		MECHANICAL DISHWASHING REQUIREMENTS:	
	40.	Dish machines without pre-wash capabilities must have manual pre-washed spray hose and pre-wash sink	
	41.	A three compartment sink is required in the dishwashing area in addition to the mechanical dishwasher.	
	42.	Drain boards are to be provided at the dish machine	
		Is dish machine a chemical or heat sanitizing machine? _____	
		Booster heater (if using a high temperature dish machine): _____	

	43.	Make: _____ Model: _____ Heats _____ gallons of water per hour at _____ °F rise. Booster heater must be within five pipe feet of dish machine or be fitted with an approved recirculating pump.	
	44.	HOT WATER SUPPLY Water Heater Make: _____ Model: _____ Recovery rate: _____ Gallons per hour at _____ °F. BTU/KW rating: _____ Storage Tank Capacity _____ gallons	
	45.	STORAGE AND HANDLING OF EQUIPMENT AND UTENSILS All utensils and equipment must be stored at least six inches off the floor; clean, dry, and protected from splash and dust	
	46.	HOT AND COLD FOOD STORAGE Hot and/or cold food storage units must be provided which are large enough to accommodate maximum food storage or holding during peak periods.	
	47.	Refrigeration equipment must be provided for the rapid cooling of cooked food products.	
	48.	Ice Machine (with indirectly plumbed drain line) present is conducting Ice Bath Cooling of hot cooked foods? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	49.	Walk-in Refrigerator and Freezer Units: Walk-ins must be constructed to NSF Standards. Wooden shelves, pallets, or any wooden interior finishes are not permitted.	
	50.	Interior finishes must be smooth, non-absorbent, light in color, and cleanable.	
	51.	Metal shelving must be of an approved metal wire construction. Solid metal shelving in walk-ins is not approvable. Size of walk-in(s). Specify whether cooler or freezer.	
	52.	#1 Cooler <input type="checkbox"/> Freezer <input type="checkbox"/> Size (length x height x width) _____ #2 Cooler <input type="checkbox"/> Freezer <input type="checkbox"/> Size (length x height x width) _____ #3 Cooler <input type="checkbox"/> Freezer <input type="checkbox"/> Size (length x height x width) _____	
	53.	Reach-in Refrigerator and Freezer Units: Domestic type units are not acceptable	
	54.	Refrigerator units: Number _____ Approximate cubic feet total _____	
	55.	Freezer units: Number _____ Approximate cubic feet total _____	
	56.	Hot Food Holding Units: Hot holding units must be capable of holding the internal temperature of potentially hazardous foods at 140°F or hotter.	
	57.	All hot and cold holding and/or storage units must be provided with accurate, numerically scaled thermometers.	
	58.	When unwrapped food is placed on display (smorgasbord, salad bars, buffet, etc.), it will be protected against contamination from customers by easily cleanable sneeze guards, cabinets, display cases or other effective protective equipment. Sufficient mechanical hot or cold food facilities shall be available to maintain the required temperature of potentially hazardous food on display.	
	59.	If food is transported to another location, food must be protected from contamination and held at proper holding temperature. If applicable, describe how this will be accomplished: _____	
	60.	DRY STORAGE FOR FOOD AND FOOD PRODUCTS Food and food products must be stored at least six inches off the floor, dry, splash free, and not exposed to water or sewer lines. If provided storage is found to be inadequate at the time of pre-opening inspection additional storage will be required.	
	61.	CHEMICAL STORAGE All toxic or poisonous materials, including cleaning chemicals and sanitizers, must be stored physically separate from food and utensils. Insecticides and rodenticides must be stored separately and preferably in a locked cabinet.	
	62.	CLEANING EQUIPMENT Janitor (mop) sink must be provided. Location _____	
	63.	Cleaning equipment, mops, brooms, buckets, etc. shall be stored in an area completely separate from food storage, food preparation, utensil washing and storage areas.	

		PLUMBING	
	64.	All plumbing must be installed and approved by the local or county building department	
	65.	Vacuum breakers must be provided for submerged/enclosed outlets, hose connections, dish machine, rinse lines, etc. Vacuum breakers must be located a minimum of six inches above the overflow rim and after the last valve on equipment.	
	66.	Approved backflow prevention device will be required on all continuous pressure lines except hoses which are permanently mounted to hang a minimum of one inch above the overflow rim at rest.	
	67.	All enclosed equipment in which food or portable equipment or utensils are placed shall not be directly connected to the drainage system.	
	68.	All equipment requiring indirect waste lines properly drain into floor drains or sinks (i.e. ice machines, ice bins, espresso machines).	
	69.	Floor drains or sinks are accessible for cleaning and maintenance.	
	70.	Food service establishment owners have installed a properly vented dual check valve divide or an approved pressure backflow assembly between copper pipe or tubing and carbonated beverage dispensing machines.	

I have reviewed all of the necessary information provided in the guide and application . The application packet, along with all applicable forms and agreements, has been completed. This review is valid for a period of 120 days from the date shown below. If construction/remodeling is not started within this time period, it will be necessary to resubmit plans for a new review. Regulations are subject to change. I understand it will take a minimum of 2 weeks to initially review and respond to the plan review. It is also understood that the mobile food unit shall not operate until all plan reviews and permitting fees has been received and the mobile food unit has been inspected and approved by all applicable city, county, and state agencies.

I understand my plan review application cannot be processed until all of the information is submitted and the application review will be delayed if all of the necessary information is not submitted with the application.

Any changes to the approved plans must have prior approval by the Environmental Health Division. Notify the Environmental Health office for an inspection at least seven working days prior to the planned opening. The food service establishment permit fee is due prior to the opening inspection. All construction and cleaning must be completed before calling for an opening inspection.

Mobile Food Unit Name: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: ____/____/____



GRAYS HARBOR COUNTY
DEPARTMENT OF PUBLIC SERVICES
ENVIRONMENTAL HEALTH DIVISION

100 W Broadway Suite 31
Montesano, WA 98563
360-249-4222
360-249-3203 fax

Food & Beverage Service Establishment Permit Application - 2014

Type of food service establishment (Check the category that applies)

- ☐ Restaurant/Drive-In/Deli/Mobile With Cocktail Lounge? ☐ Yes ☐ No
☐ Tavern With on-site food preparation? ☐ Yes ☐ No
☐ Retail Grocery – with ☐ Deli ☐ Bakery ☐ Seafood ☐ Meat ☐ Espresso
☐ Retail Meat/Fish/Seafood/Bakery
☐ Private Club/Fraternal Organization/Institution/Senior Center
☐ Bed & Breakfast Facility
☐ Espresso Facility
☐ Restricted Facility

**Fee
Schedule
on other
side**

Name of Establishment:	Phone:
Address:	City/State/Zip:
Mailing Address:	Mailing City/State/Zip:
Business Owner:	Phone:
Address:	City/State/Zip:
Property Owner:	Date of Opening:

APPLICATION FOR

New Establishment

Remodel

Change of Ownership

Other (i.e., Renewal) _____

Water Source

Own Well ☐ Municipality or Water District _____

SEWAGE DISPOSAL

Establishment has septic system ☐ Municipality or Sewer District

SEATING CAPACITY

_____ (include both indoor and outdoor seating)

IS OFF PREMISE CATERING OFFERED?

☐ Yes ☐ No

IS THIS FACILITY TOTALLY NON-SMOKING?

☐ Yes ☐ No

ARE FOODS VACUUM PACKAGED ON-SITE?

☐ Yes ☐ No

By signing this permit application, I hereby certify under penalty of perjury under the laws of the State of Washington that all of the above information is true and correct. I am also acknowledging that I am operating the above Food and Beverage Service Establishment in accordance with the Rules and Regulations of the State Board of Health for Food Service (WAC 246-215).

Signed: _____ Title: _____ Date: _____

DEPARTMENT USE ONLY: ☐ MAIL PERMIT ☐ TO BE PICKED UP ☐ OTHER _____

Comments: _____

Approved by: _____ Denied by: _____ Date: _____

Reason for denial: _____

FOOD SERVICE PROGRAM FEES

Program	Seating Capacity / Description	Fee
<u>Food Service Establishment</u> (restaurant, deli, mobile food unit, tavern, etc.)	0-25	\$208
	26-75	\$292
	76-150	\$405
	over 150	\$486
<u>Catering</u>	Off-site by restaurant	\$132
	Stand alone	\$198
Grocery/Convenience Store	Grocery Only	\$188
	With meat and/or fish – ADD	+\$82
	With bakery – ADD	+\$82
	If serving food with no seating – ADD	+\$113
	If serving food and seating available – ADD	
	0-25	+\$208
	26-75	+\$292
	76-150	+\$405
	over 150	+\$486
Retail Market	Including retail fish, meat, and bakery.	\$208
All Other Food Service Establishments	Processor, Private Club, Institution	\$232
	Senior Center	\$174
	Senior Center Satellites	\$92
Limited Food Service	Food service establishment and Bed and Breakfast facility serving only continental or limited breakfast. Bed and Breakfast establishments serving food other than a continental or limited food service shall meet the requirements of a food service establishment and pay corresponding fee.	\$146
Espresso	A food service establishment which prepares and/or offers for sale coffees, coffee flavored drinks, hot chocolate, teas, and other similar beverages. Also acceptable in this category are non-potentially hazardous commercially prepared and wrapped foods and pastries such as muffins, English muffins, bagels, biscotti, cinnamon rolls, and cookies in addition to the aforementioned beverages.	\$146
Seasonal Food Service Establishment	In operation for four or less consecutive months	50% of the applicable fee
<u>Restricted Food Service Establishment</u>	Only commercially pre-packaged non-potentially hazardous foods sold. Also non-potentially hazardous candy making, i.e., fudge, taffy and cotton candy.	\$46