

# FOOD ESTABLISHMENT PERMIT APPLICATION

## SECTION I- GENERAL INFORMATION

OFFICE USE ONLY  
FEP#  
\_\_\_\_\_

Please Print Clearly

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Days of the Week Open: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

## SECTION II- WATER

**Failure to complete this section will delay processing or the application may have to be returned.**

**Note:** This information can be obtained from your water company or system manager.

Public Water System Name: \_\_\_\_\_ WFI Number: \_\_\_\_\_

### SECTION III- SEPTIC SYSTEM

**Failure to complete this section will delay processing or the application may have to be returned.**

The Septic System is (check one):

\_\_\_ **Municipal Water:** Go to section IV

\_\_\_ **Holding Tank for Self-Contained Mobile Unit:** Please attach copies of:

- Holding tank capacity
- Plumbing schematic
- Schedule of estimated dumping frequency
- Location of approved dumping station to be used

\_\_\_ **On-Site Septic System:** Please attach copies of:

- Tank pumping receipt (must be from within the last 6 months)
- Complete septic records (can be requested at Mason County Permit Assistance Center, allow 72 hours)

### SECTION IV- BUILDING

**Failure to complete this section will delay processing or the application may have to be returned.**

What was the previous use of the building?: \_\_\_\_\_

Total Seating Capacity Including Lounge: \_\_\_\_\_

Number of Checkstands: \_\_\_\_\_

Attach a floor plan showing all equipment, sinks, storage areas and drains. This can be a freehand sketch. Provide a detailed description of all appliances, sinks and hot water tanks. Please provide the size of the hot water tank as well as input (BTU or kW).

### SECTION V- MENU

**Failure to complete this section will delay processing or the application may have to be returned.**

Submit a copy of a menu or list of menu items.

Please check the appropriate box below: Will your establishment be using mainly:

\_\_\_ Single service items (plastic utensils, paper plates, etc.)

Or

— Reusable items

**PERMITTING PROCESS**

Please allow at least 15 working days for processing the application. It may take longer if problems are found or the application is complete. There is a fee of \$57/hour for the plan review process.

**Please mail completed applications to:**

Mason County Public Health  
PO Box 1666  
Shelton, WA 98584

**Or drop off the application at:**

Mason County Public Health  
415 N 6th Street  
Shelton WA 98584

Once the application is approved, you will be notified. At that point in time, a pre-operational inspection will be scheduled. Do not open without approval and a pre-operational inspection.

All food establishments renew their permits in December/January for the next calendar year. You will receive a reminder in the mail at the end of December. However, it is your responsible to ensure that the fee is paid on time.

Also, food work card classes are now offered online. Please visit <https://www.foodworkercard.wa.gov/language.html> to take the course and test.

To receive and retain your food establishment permit, all local, state and federal food and food establishment regulations must be followed.

If you have any questions, please contact our office at 360-427-9670 ext. 361 or [juliew@co.mason.wa.us](mailto:juliew@co.mason.wa.us).

I have read and understood the entire proceeding document. I agree to all of its requirements for obtaining a food establishment permit. All of the information I have given is true.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_