FOOD ESTABLISHMENT PERMIT APPLICATION

SECTION I - GENERAL INFORMATION

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: ____________________

Revised: 7/17/13  This form may be scanned and available for public view on the Mason County Web site.
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 Sewer: 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.

Revised: 7/17/13  This form may be scanned and available for public view on the Mason County Web site.
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](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. 400.

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: ________________

---

Revised: 7/17/13  This form may be scanned and available for public view on the Mason County Web site.