

Mason County Food Program  
415 N 6th Street Shelton, WA 98584  
(360) 427-9670 ext.361



# MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

## 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 \_\_\_\_\_

Type of Service: Sit Down Meals \_\_\_\_\_

(Check all that apply) Take Out \_\_\_\_\_

Single Use Utensils \_\_\_\_\_

Multi-Use Utensils \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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:

- Maintenance or service report (must be from within the last 12 months)
- Complete septic records (can be requested at Mason County Permit Assistance Center, allow 72 hours)

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## SECTION V- MENU

**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. Consult Plan Review Guide for more information.
- Please provide the size of the hot water tank as well as input (BTU or kW).
- If within Shelton city limits, contact the City of Shelton for necessary permits and business license. If outside of Shelton city limits, contact Mason County Community Development for appropriate permits and reviews.

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## SECTION IV- BUILDING

**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, including bar menus, table menus and menu boards.

A consumer advisory is required for all food of animal origin that are offered raw, undercooked, or cooked to the customers specification.

## PERMITTING PROCESS

Please allow at least 15 working days for processing the application. Complete and submit the plan review checklist with the application. Please look over the plan review guide thoroughly, as any missing information may delay the application process. For more complex establishments, there may be a fee of \$85/hour for the plan review process.

**Please mail or drop off the completed applications to:**

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 January for the next calendar year. You will receive a reminder in the mail at the beginning of January. However, it is your responsibility to ensure that the fee is paid on time.

In addition, 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. 400.

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

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

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