



Northeast Tri County Health District Environmental Health Division

Mobile Food Unit Approval by Reciprocity Checklist

Facility name: _____

Submit all items listed in the checklist (required). Incomplete applications will not be accepted. Applicants must work with their primary county to ensure that all required documentation is included in this submission. If these requirements cannot be met, the applicant can apply as a new mobile food unit for review by the Northeast Tri County Health District (NETCHD).

✓		Item	Description	Office Use Only
<input type="checkbox"/>	1	Annual Permit Application	Provide a completed NETCHD annual permit application	
<input type="checkbox"/>	2	Current Operating Permit	Provide a copy of your current annual operating permit from the primary county	
<input type="checkbox"/>	3	Approved Original Plan Review	Provide a copy of the completed, approved plan review from the primary county. The approved plan review must include: <ul style="list-style-type: none"> <input type="checkbox"/> Approval letter from primary county <input type="checkbox"/> Menu <input type="checkbox"/> Food preparation steps <input type="checkbox"/> Floor plan <input type="checkbox"/> Equipment list <input type="checkbox"/> Finish schedule <input type="checkbox"/> Proposed itinerary (may use social media) <input type="checkbox"/> Source of water and on-board plumbing specifications <input type="checkbox"/> Employee restroom location (within 500 feet of food operations) <input type="checkbox"/> Operating procedures <input type="checkbox"/> Cleaning schedule Note: Variances listed on the approval letter are not transferrable.	
<input type="checkbox"/>	4	Most Recent Inspection Report	Provide a copy of the most recent food safety inspection report for the mobile food unit performed by the primary county Note: A secondary permit may only be issued if the most recent routine inspection report for the mobile food unit has no violations.	
<input type="checkbox"/>	5	Commissary, Servicing Area, or Exemption	Provide a copy of any commissary agreements the applicant is required to maintain under the permit from the primary county: <ul style="list-style-type: none"> <input type="checkbox"/> Storage: Unit, refrigerated food, dry goods, utensils, cleaning supplies <input type="checkbox"/> Source: Fresh water, ice <input type="checkbox"/> Preparation: Cooking, cooling, thawing, produce wash <input type="checkbox"/> Sanitation: Cleaning and washing of smallwares, utensils, unit <input type="checkbox"/> Disposal: Wastewater, garbage <input type="checkbox"/> Power: Electrical connections available <input type="checkbox"/> Availability: Frequency needed, times open, equipment used <input type="checkbox"/> Functionality: Restroom, handwashing Note: A secondary commissary is required if original commissary plan of operation is not able to be followed.	
<input type="checkbox"/>	6	Restroom Agreement Letter	Provide a complete restroom agreement letter if the mobile food unit will be serving from a single site longer than 1 hour. Restrooms must be fully plumbed, accessible at all times, and be located within 500 feet of the serving location. Operators must confirm soap, running water, and disposable paper towels are available at all times of operation.	
<input type="checkbox"/>	7	Annual Permit Fee	Upon approval, submit payment for annual permit fees with the NETCHD.	



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Mobile Food Unit Plan Review

Application must be completed in full and submitted with the correct fee.

Type of Plan Review (Check applicable box)		
<input type="checkbox"/> Alteration to Existing Mobile Unit	<input type="checkbox"/> Mobile Food Unit (New)	
<input type="checkbox"/> Mobile Approval by Reciprocity	<input type="checkbox"/> Changing your commissary kitchen location. Includes preoperational inspection.	
Establishment Information		
Name:		
Site Address:		
City:	State:	Zip:
Unified Business Identifier (UBI):		
Mailing Address		
Name:		
Address:		
City:	State:	Zip:
Owner Information		
Name:		Phone:
Address:		Email:
City:	State:	Zip:
Contact Information (if different than owner)		
Name:		Phone:
Address:		Email:
City:	State:	Zip:
Commissary Information		
Name:		
Address:		
City:	State:	Zip:

I understand I cannot open this food establishment until I have received written approval from the Northeast Tri County Health District, obtained all annual operating permits, and have been inspected and approved by all applicable agencies.

Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Retail Food Code (WAC 246-215).

Signature: _____ Date: _____

Print Name: _____

For Office Use Only					
Date Received	Receipt #	Fee Received	Classification	Reviewed By	Approval Date
Stevens County & Ferry County			Pend Oreille County		
240 E. Dominion Colville, WA 99114 Phone: (509) 684-2262 Option 2			605 Highway 20 Newport, WA 99156 Phone: (509) 447-3131		
Website: www.netchd.org				Email : ehmail@netchd.org	