



Northeast Tri County Health District Food Establishment Permit Application

*Mail completed and signed **Stevens County & Ferry County** applications to 240 E. Dominion, Colville, WA 99114, (509) 684-2262 Option 2
 *Mail completed and signed **Pend Oreille County** applications to 605 HWY 20, Newport, WA 99156, (509) 447-3131

This application is for: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change in Ownership					
Food Establishment/Business Information					
Site Information			Mailing Information		
Food Establishment Name:					
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Business Phone:			ATTN:		
Primary Manager:					
Supervisor Phone:					
Contact Email:					
Owner Information					
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other					
Owner Name(s):					
Mailing Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:					
Operation Information					
This Food Establishment is: <input type="checkbox"/> Permanent/Stationary <input type="checkbox"/> Mobile <input type="checkbox"/> Commissary					
Type of Operation: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (List Months):					
Days of Operation: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday					
Hours of Operation: Open Time: : AM/PM Closing Time: : AM/PM					
Seating: Inside #			Outside #		
Name of Garbage Removal Service:					
Water System Name/Provider:				ID#:	
Sewage Disposal: <input type="checkbox"/> Community/City <input type="checkbox"/> Private Septic					

This application is hereby made for a permit to operate an established food service. By signing this application, it is agreed that the applicant attests to the accuracy of the information provided in the application. In addition, the applicant will comply with Chapter 246-215 of the Washington Administration Code (WAC) as well as all rules and regulations pertaining to food establishments created and approved by the Northeast Tri-County Health District.

Signature: _____ **Date:** _____

For Office Use Only					
Date Received	Receipt #	Fee Received	Classification	Approved By	Facility ID #