



**ADAMS COUNTY HEALTH DEPARTMENT**

108 W. MAIN, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315  
425 E Main St. 700, OTHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031

**FEES ARE NON-REFUNDABLE**

**APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT**

**Please print and fill out form completely**

Type of Establishment: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Number of Seats: \_\_\_\_\_ Hours/Days of Operation: \_\_\_\_\_  
 Type of Water system  Private  Public Water System  
 If public, what is the name of the system: \_\_\_\_\_  
 Type of sewage disposal  On-site  Public  
 If public what is the name of system: \_\_\_\_\_  
 Do you plan to remodel this year  Yes  No  
 Are tobacco products sold onsite  No  Yes: If yes, what products (e.g. cigarettes, chew) \_\_\_\_\_  
 Indoor Seating Capacity: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR COMPLETE MENU**

In signing this application I understand that the information herein is accurate and that if I make any changes within my food service establishment such as remodeling, equipment, menu or other, I will notify the Health Department. I also agree to follow WAC 246-215 regulations for operation of a Food Service Establishment. **THE PERMIT TO OPERATE MY FOOD SERVICE ESTABLISHMENT IS NOT TRANSFERABLE FROM ONE OWNER TO ANOTHER OR FROM ONE LOCATION TO ANOTHER.**

**Failure to pay appropriate fees by due date will result in a late fee penalty of (permit amount + 40% per month) for every month the fee is late. Operating without a permit is double the fee.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Health Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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 OFFICAL USE ONLY  new  renewal  new owner

Date received: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Received By: \_\_\_\_\_