



# Okanogan County Public Health

1234 South 2<sup>nd</sup> Avenue  
P.O. Box 231  
Okanogan, WA 98840  
(509) 422-7140  
TDD (800) 833-6388

<http://www.okanogancounty.org/ochd/index.htm>

## APPLICATION FOR FOOD ESTABLISHMENT PERMIT TO OPERATE

Please be certain this application is completed and returned with your check made payable to:

**OKANOGAN COUNTY PUBLIC HEALTH  
POST OFFICE BOX 231  
OKANOGAN, WA 98840**

Fee: \_\_\_\_\_

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

NAME OF ESTABLISHMENT: \_\_\_\_\_

( ) \_\_\_\_\_  
ESTABLISHMENT'S TELEPHONE #

\_\_\_\_\_ OWNER'S FULL NAME

( ) \_\_\_\_\_  
OWNER'S PHONE #

\_\_\_\_\_ # OF SEATS

\_\_\_\_\_ MAXIMUM # OF EMPLOYEES

\_\_\_\_\_ OWNER'S MAILING ADDRESS

\_\_\_\_\_ CITY

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP CODE

\_\_\_\_\_ ESTABLISHMENT'S MAILING ADDRESS

\_\_\_\_\_ CITY

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP CODE

\_\_\_\_\_ ESTABLISHMENT'S STREET ADDRESS

\_\_\_\_\_ CITY

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP CODE

\_\_\_\_\_ Manager's Full Name

\_\_\_\_\_ Type Of Liquor License

Water System Class:  Group A  Group B

Date Last Tested: \_\_\_\_\_

System ID #: \_\_\_\_\_

Test Results:  Satisfactory  Unsatisfactory

Sewage Disposal System:  Private  Public

Date Septic Tank Pumped: \_\_\_\_\_

If the establishment is a restaurant, mobile unit or has a deli attach a copy of the menu.

MONTHS OF OPERATION: \_\_\_\_\_ Example (May - August)

DAYS OF OPERATION: \_\_\_\_\_ Example (Tuesday – Saturday)

HOURS OF OPERATION: \_\_\_\_\_

I certify that I will operate this food service establishment according to the Okanogan County Public Health Food Regulations and The Rules and Regulations of the State Board of Health for Food Service.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\***

**(PLEASE CHECK CORRECT ITEM)**

**HAZARD RATING:**  **HIGH**  **LOW**

**REASON:**  **COMPLEX MENU**  **COMPLEX PREPARATION**  **LARGE VOLUME**

**BILLING CATEGORY:**  **RESTAURANT**  **DELI**  **TAVERN**  
 **MARKET HIGH**  **MEAT DEPT.**  
 **MARKET LOW**  **BAKERY**  
 **MOBILE HIGH**  **CATERER**  
 **MOBILE MOD.**  **COFFEE HOUSE/ESPRESSO/WINERY/CONT. BREAK - HIGH**  
 **MOBILE LOW**  **COFFEE HOUSE/ESPRESSO/WINERY/CONT. BREAK - LOW**

**PERMIT NUMBER:** \_\_\_\_\_

**APPROVED:**

**DATE ISSUED:** \_\_\_\_\_

**DENIED:**

**HEALTH OFFICIAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMMENTS AND/OR RESTRICTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEW ESTABLISHMENT?**

**HAS EXISTING FILE?**