



Okanogan County Public Health

1234 South 2nd 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: 1REST

2TAV

2REST

1MOB

PERMIT NUMBER: _____

1MAR

2MOB

2MAR

CATERER

DATE ISSUED: _____

1TAV

APPROVED:

DENIED:

HEALTH OFFICIAL: _____

DATE: _____

COMMENTS AND/OR RESTRICTIONS: _____

NEW ESTABLISHMENT?

HAS EXISTING FILE?