

FOOD ESTABLISHMENT PERMIT

Food Service Establishment Application

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

FOOD SERVICE ESTABLISHMENT INFORMATION		
Food establishment name		
Customer Identification Number (e.g. KC0000, BR0000)		
Establishment street address		
City	State	Zip code

APPLICANT INFORMATION		
First and last name	Contact phone	
Mailing street address	<input type="checkbox"/> Same as establishment address	
City	State	Zip code
Email address		

CERTIFICATION AND ACKNOWLEDGMENT		
<p>By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge. I understand that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Changes to the menu, equipment, or services offered must be reviewed and approved by the Health District; additional paperwork and fees may be required. <input type="checkbox"/> Chapter 246-215 Washington Administrative Code and Kitsap Board of Health Ordinance 2014-01 rules apply to me. <input type="checkbox"/> Smoking and vaping are not allowed in my food establishment or within 25 feet of doors or windows. <input type="checkbox"/> My permit to operate expires June 30th of each year. Permit fees must be received by July 1st of each year or late fees will be assessed and my establishment may be closed for operating without a permit. 		
Owner/ Applicant name printed	Owner/ Applicant signature	Date