

Application Type & Plan Review Fee (CHECK ONE)

100 W Broadway, Suite 31 Montesano, WA 98563 360-249-4222 Phone 360-249-3203 Fax EHD@graysharbor.us



Food and Beverage Establishment Permit Application

It is highly recommended to submit this application prior to any remodeling or construction at the establishment. This will allow Environmental Health Staff to review your plans and make changes to the establishment design or layout prior to construction. Should you choose not to apply prior to construction, you will be responsible to meet the requirements in the current Washington State Retail Food Code, Washington Administrative Code (WAC) 246-215, even if materials have been purchased or installed and it creates additional cost to your project. Please note the Environmental Health Division permits owners/operators of food establishments, not the facility. Permits are NOT transferable from one person to another. No person shall operate a food establishment who does not have a valid permit issued to him or her by the Health Officer.

Food Service Type

Change of Menu \$105 Expansion/Remodel \$105 New Owners, No Menu Change \$50 Permit Fee: Based on menu and seating. Contact our office prior to submission to inquire fee amount. Must be paid prior to issuance of permit.			 □ Restaurant/Drive-In/Deli with Cocktail Lounge: □ Yes □ No □ Commissary □ Tavern – On-site Food Preparation: □ Yes □ No □ Caterer: □ Off-site by restaurant □ Stand alone □ Grocery/Convenience Store with: □ Deli □ Bakery □ Seafood □ Meat □ Espresso □ Retail Market with Meat/Fish/Seafood/Bakery □ Private Club/Fraternal Organization/Institution/Senior Center □ Bed & Breakfast □ Espresso 		
Establish	ment Name:				
Establish	ment Street Address:				
City:			State: WA	Zip Code:	
Estimate	d Opening Date:				
Seating C	Capacity (total number of seats inc	cluding indoor <u>a</u>	<u>nd</u> outdoor):		
A	h Niama a				
Applican					
- ' '	t Phone Number:				
	Applicant Mailing Address:				
City: State: Zip Code:			Zip Code:		
Email Address:					
Business	License Name:				
Business	Business License Type: □LLC □CORP □INC □SOLE PROPRIETOR				
Business/Establishment Owner Name (if different from Applicant):					
Phone N	Phone Number:				
Mailing/Billing Address:					
City:			State:	Zip Code:	
Email Ad	Email Address:				



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Certified Food Protection Manager (CFPM)

valid certificate must be avacertification are those that positive (TCS) foods, use specialized increased potential risk of foothese establishments typically and convenience stores without	d establishments must have at least one Certified Food Protection Manager on staff and a silable from an ANSI accredited program. Establishments required to obtain the CFPM repare raw animal products, wash raw produce, cool time/temperature control for safety processes, operate a facility that serves a highly susceptible population, or have other dborne illness. Some low-risk food establishments are exempt from the CFPM requirement, include espresso stands, ice cream shops, doughnut shops, movie theaters, hot dog carts, but food service. Please contact our office if you are unsure if your establishment meets the elow if exempt or if applicable, include a copy of your certificate with your application.
☐ Exempt	☐ CFPM certificate
	REQUIRED WRITTEN PLANS
to exclude from work and who prevent foodborne illness. The policy prepared, you must contain the policy prepared of the policy prepared	e Policy bmit a written policy that outlines how employee illness will be monitored including when en employees can return to work. The plan must also include kitchen hygiene practices to e policy must be posted on the premises for employees to view. If you do not have a written mplete the enclosed Employee Health Plan Toolkit (this document can also be found on our on will be submitted with your application:
☐ Written policy	☐ Employee Health Plan Toolkit
and diarrhea. If you do not ha	o Plan ve written procedures for minimizing the spread of contamination when cleaning up vomit ve a written policy prepared, you must complete the enclosed Vomit and Diarrhea Clean-up can also be found on our website). Indicate which option will be submitted with your
☐ Written policy	☐ Vomit and Diarrhea Clean-up Plan Toolkit
Time as a Public Health Contr Will time as a control be used procedures that align with WA	$\overline{}$ to hold TCS foods at room temperature? If yes, on a separate sheet of paper, include written

Transporting Food Off-Site

Yes

Will food be transported to another location? If yes, on a separate sheet of paper, provide your procedures that include how food will be protected from contamination and held at proper temperatures.

od will be protected from	n contamination and heid at proper temperatures.
☐ Yes	□ No

■ No

STANDARD OPERATING PROCEDURES (SOPs)

Employee Personal Belongings

Provide where employees can store clothing and/or personal belongings if a dressing room is not provided.

Off-site	e Catering			
	Yes	□ No		
Outdoo	or Cooking Area			
			ıipm	nent such as a BBQ, smoker, etc.? Note additional requirements apply
			-	anently plumbed hand sink with hot and cold running water.
	Yes	□ No		
Food D	<u>isplay</u>			
Will ur	nwrapped food	be placed on display suc	ch a	as on a salad bar or buffet? If yes, food must be protected against
		ustomers by using easily	/ cle	eanable sneeze guards, display cases, or other effective protective
equipn				
u	Yes	□ No		
<u>Special</u>	lized Food Proce	esses Conducted at the E	stak	<u>plishment</u>
	Yes	☐ No		
If yes, o	check all that ap	ply:		
	Vacuum packa	ging		Sous vide
	Curing			Smoking (for food preservation rather than flavor enhancement)
	Custom meat p	rocessing		Acidifying food
	Growing sprou	ts		Molluscan shellfish life-support system display tank
	Other:			
		•		d including submittal of a Hazard Analysis and Critical Control Point
(HACCI	P) plan and/or Vo	ariance Application along	wit	th applicable fees.
Food S	ource			
1.	Provide where	all food and beverages w	ıill b	e sourced (Sysco, Costco, etc.).
2.	How often will	food deliveries be made	to t	he establishment (weekly, twice per week, etc.)?
Cleanir	ng and Sanitizing	3		
1.	How often will	food contact surface be	clea	ned and sanitized?
2.	How often will	non-food contact surface	es b	e cleaned and sanitized? Examples include floors, walls, exterior of
	refrigerators ar	nd freezers, underneath e	equi	pment, etc.
3.			er? I	f yes, attach the cleaning and sanitizing instructions.
	☐ Yes	☐ No		

4.	Will the establishment have a soft-serve machine? If yes, attach the cleaning and sanitizing instructions. ☐ Yes ☐ No
5.	Provide the following specifications for the water heater(s) that will serve the establishment. Alternatively, you may attach the specification sheet. □ Storage □ Tankless
	Make: Model number:
6.	Provide the bowl dimensions (inches) for the three-compartment sink.
	Bowl Front to Back: Bowl Left to Right: Bowl Depth:
7.	If applicable, indicate the type of dishwasher that will serve the establishment. □ N/A □ Chemical □ Heat
8.	If using a high temperature dishwasher, provide specifications for the booster heater.
	Make: Model number:
9.	Indicate the chemical sanitizer type to be used in your establishment: ☐ Chlorine bleach ☐ Quaternary ammonium ☐ Iodine ☐ Other:
10.	Provide the concentration of the sanitizer solution to be maintained throughout the day.
11.	Will test strips be provided to test the concentration of sanitizing solutions? ☐ Yes ☐ No
12.	Will drain boards, utensil racks or tables large enough to accommodate all soiled and cleaned items be provided? Wall mounted or other approved shelving may be substituted for drain boards. Yes No
13.	Food and food service products will be stored at least six inches off the floor, dry and protected from splash and dust, as well as not exposed to water or sewer lines. <i>If storage provided is found to be inadequate during the application review or pre-operational inspection, additional storage will be required.</i> □ Yes □ No
14.	At least one mop sink or one curbed cleaning facility equipped with a floor drain is provided and conveniently located for the cleaning of mops and for the disposal of mop water. □ Yes □ No
15.	Cleaning equipment including mops, brooms, buckets, etc. will be stored in an area separate from food storage, food preparation, utensil washing and/or storage areas. □ Yes □ No

FOOD HANDLING INFORMATION

Time/Temperature Control for Safety (TCS) food means a food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. TCS foods have been frequently identified as vehicles of a foodborne illness. Examples of TCS foods include meat, poultry, seafood, shellfish, dairy products, cooked rice/potatoes/beans, soups, gravies, potato salad, and other combination salads.

1.	Will all foods offered be pre-packaged? <i>If yes, move to the MENU section on the next page.</i> ☐ Yes ☐ No
2.	How will employees eliminate direct bare hand contact with ready-to-eat food? Gloves Tongs Utensils Other:
3.	Provide the final cook temperature for each raw animal protein on your menu (beef, ground beef, poultry, fish, pork, casseroles, etc.).
4.	Will the establishment hot hold TCS foods? ☐ Yes ☐ No If yes, provide the temperature that must be maintained:°F
5.	Provide the cold holding temperature that TCS foods must maintain in refrigeration units:°F
6.	Will your establishment cool any TCS foods? If yes, complete the enclosed Cooling Table. ☐ Yes ☐ No
7.	Will your establishment reheat any TCS foods? If yes, complete the enclosed Reheating for Hot Holding Table. ☐ Yes ☐ No
8.	Will your establishment thaw TCS foods? Yes No If yes, select your method(s) for thawing: Under refrigeration Completely submerged under cold running water As part of the cooking process Microwave Other:
9.	Will your establishment wash and prepare raw produce or raw meat, conduct ice bath cooling, or thaw foods under cold running water? Yes No If yes, provide the number of basins in the food preparation sink:

MENU

to the i	Submit a menu that includes all food and beverages to be offered, as well as all seasonal menu items. Any future changes to the menu must be pre-approved by the Grays Harbor County Environmental Health Division. Please note additional information such as but not limited to, food flows which consist of providing detailed preparation steps from receiving to service may be required. Menu enclosed with application				
WAC 2		or menu items that are	-		our menu that aligns with r might contain) raw or
			EQUIPMENT		
1.	Grease trap or i ☐ Yes	nterceptor installed and	approved by the Local o	or County Building Depar	tment.
2.	_	ter dipper wells be provi sils used for frozen desse N/A	_	tensils? These are highly	recommended if you will
3.	 Will walk-in coolers and/or freezers be installed in the establishment? If yes, circle below whether the unit is a cooler or freezer and provide the dimensions (feet) for each walk-in unit. ☐ Yes ☐ No 				
	Cooler	Freezer	Length:	Width:	Height:
	Cooler	Freezer	Length:	Width:	Height:

EQUIPMENT SCHEDULE

Your equipment schedule must include specifications (make <u>and</u> model number) for all food service equipment. Examples include but are not limited to refrigerators, freezers, walk-in coolers/freezers, stoves, ovens, fryers, steam tables, ice machines, dishwashers, blenders, meat slicers, countertop equipment, etc. Equipment must be commercial-grade <u>and</u> be American National Standards Institute (ANSI) certified. Examples include NSF, ETL Sanitation Listed, UL Listed EPH, or CSA Sanitation. Walk-in coolers and freezers must be constructed to NSF Standards. Hot and/or cold food storage units must be sufficient in number and size to accommodate maximum food storage and/or holding during peak periods of operation. Equipment listed below must correspond to the location numbered on the submitted floor plan. Alternatively, you may attach your Equipment Schedule, or it can be listed on your floor plan. Attach additional pages as needed.

# on Floor Plan	Description	Make	Model Number
8 (see Example floor plan)	Reach-in refrigerator	True	Т-49-НС

FINISH SCHEDULE

- Floors, coving, walls, and ceilings must be smooth, impervious, non-absorbent, and easily cleanable.
- Coved floor-wall junctures (i.e. baseboards) with a minimum of four-inches must be provided.
- Walls and ceilings must be light in color.
- Acoustical tiles are **NOT** acceptable in food prep/kitchen, dishwashing, bar, and wait station areas.
- Wooden surfaces must be sealed to provide a cleanable surface.
- Inside of bar areas must be smooth, nonabsorbent, and easily cleanable.
- Wooden pallets, solid metal shelving, and exposed wooden shelving in walk-in units are not acceptable.

Please complete the chart below and include all rooms or areas used for food preparation and storage.

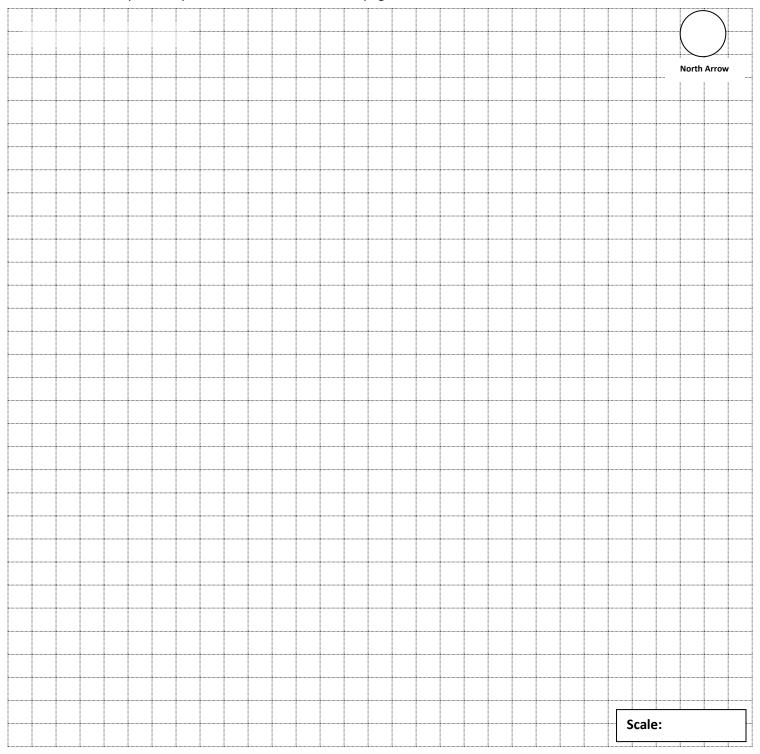
Room or Food Area	Flooring	Coving	Walls: Color and Finish/Material	Ceilings: Color and Finish/Material
EXAMPLE: Restrooms	Ceramic Tile	Rubber Base 4"	White Fiberglass Reinforced Panels (FRP)	White Vinyl Clad Ceiling Tiles
Kitchen/Food Preparation				
Walk-in Cooler/Freezer				
Dishwashing Areas				
Dry Storage				
Bar				
Waitress Station or Service Counter Area				
Restrooms				
Other (please specify)				
Other (please specify)				

COOLING TABLE					
FOOD	COOLING METHOD	COOLING LOCATION Identify refrigeration unit if applicable.	FREQUENCY		
Example: Soup	Example: 2-inch shallow pan, uncovered	Example: Top shelf of 2-door TRUE upright reach-in refrigerator	Example: 2 times/week		

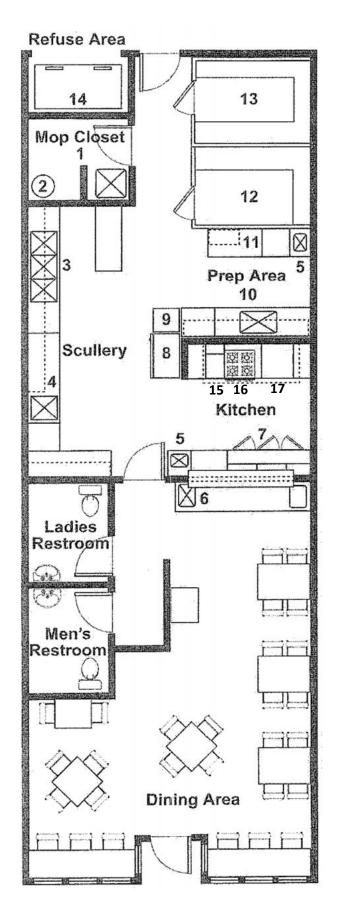
REHEATING FOR HOT HOLDING TABLE					
FOOD	REHEATING EQUIPMENT	HOT HOLDING EQUIPMENT (if applicable)	ITEM PREVIOUSLY COOLED ON SITE or PURCHASED PACKAGED?	REHEAT TEMPERATURE	
Example:	Example:	Example:	Example:	Example:	
Soup	Flat-top Grill	Steam Table	Previously cooled on-site	165°F	

FLOOR PLAN

Provide a scaled drawing showing the entire establishment, demonstrating the location of all equipment, sinks, and facilities. An example floor plan can be found on the next page.



EXAMPLE: FLOOR PLAN WITH EQUIPMENT



EQUIPMENT SCHEDULE 1 Mop sink 2 Water heater 3 Three-compartment sink 4 Dishwasher with pre-rinse sink 5 Hand sink 6 Water fill station 7 Sandwich preparation refrigerator 8 Reach-in refrigerator 9 Ice machine 10 Food preparation sink 11 Work counter with slicer 12 Walk-in refrigerator 13 Walk-in freezer 14 Garbage area 15 Fryer

FLOOR PLAN CAN BE HAND DRAWN BUT MUST BE LEGIBLE AND TO SCALE.

16 Range

17 Oven



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Submit your application for review to the Environmental Health Division at least thirty (30) calendar days before the planned date of opening as required under WAC 246-215-08310. Any changes to approved plans must be submitted to the Environmental Health Division in writing for review and approval. Please be aware that revisions may delay the issuance of a permit. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND MAY CAUSE A DELAY IN THE OPENING OF YOUR FOOD ESTABLISHMENT.

I understand that any permits issued by the County consistent with the above floor plan are valid only if allowed by all applicable laws and codes. All permits issued are valid only if constructed according to this plan. This floor plan shows all existing and proposed structures. Any changes to the approved floor plan must have prior approval by the Environmental Health Division.

By signing this permit application, I hereby certify under the penalty of perjury under the laws of the State of Washington that the above information is true and correct. I am also acknowledging that I am operating the above Food and Beverage Establishment in accordance with the Rules and Regulations of the State Board of Health for Food Service (WAC 246-215).

Name:	Title:	
Signature:	Date:	



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Pre-operational Inspection Checklist

	the following are completed <u>prior</u> to scheduling your pre-operational inspection. Refer to "Building & Remodeling
nformation" on our website for additional requirements.	
	Permit fee submitted in the form of cash, check, or money order.
	Establishment is clean and all construction materials and/or tools have been removed from the establishment.
	All equipment is in place and functioning.
	Equipment installed are represented on the floor plan that was submitted for review. Any changes to the floor plan must have prior approval by the Environmental Health Division.
	For new and remodeled establishments: Exposed water pipes, sewer lines, and/or electrical conduit running along walls, ceilings or floors is not approvable. All plumbing and electrical conduit are installed within or behind walls and ceilings or below floors.
	All exterior and restroom doors are self-closing or provided with some other means to keep insects and rodents out.
	Ventilation System – Installed according to uniform fire, mechanical, and building codes <u>and</u> approved by the applicable Local or County Building Department and/or Fire Marshal.
	Plumbing – Installed and approved by the Local or County Building Department. Water under pressure is supplied to all fixtures and equipment requiring water. All equipment in which food, equipment or utensils are placed, are not directly connected to the sanitary sewe drainage system. Equipment examples include ice machines, ice bins, espresso machines, walk-in coolers/freezers, three-compartment sink, food preparation sink, and any other unit used to dispense food. Vacuum breakers are provided for submerged/enclosed outlets, hose connections, dishwashing machines rinse lines, etc. Vacuum breakers are located a minimum of six inches above the overflow rim and after the las valve on equipment. Approved backflow prevention devices are installed on all continuous pressure lines except hoses that are permanently mounted to hang a minimum of one inch above the overflow rim at rest.
	Handwashing facilities – Each handwashing sink or group of two adjacent handwashing sinks is provided with hot wate of at least 100°F, a supply of soap, disposable paper towels (or heated-air hand-drying device), a waste receptacle, and signage.
	 Restrooms – Meet local planning and building codes. Public restrooms are available if the establishment offers customer seating. Restroom facilities must be available to patrons without passing through a food preparation, warewashing or food storage area. Sanitary napkin receptacles are provided in female restrooms and in common employee restrooms. A covered trash receptacle is acceptable.
	Lighting – Protective shielding or shatterproof bulbs are installed for all light fixtures in food preparation, refrigerators freezers, walk-in units, warewashing, and other areas where food is stored or displayed.
	Equipment: All hot and cold holding and/or storage units are provided with accurate, numerically scaled thermometers.

mounted on legs or feet at least four inches high to facilitate easy cleaning.

Wall mounted or other approved shelving may be substituted for drain boards.

> Equipment placed on tables or counter tops are either readily movable, sealed to the counter surface or

> Drain boards, utensil racks or tables large enough to accommodate all soiled and cleaned items are provided.

☐ Chemicals – All chemicals including cleaning chemicals and sanitizers, are stored separate from food and utensils.

Insecticides and rodenticides are stored separately (preferably in a locked cabinet).