



# CLARK COUNTY PUBLIC HEALTH

1601 E Fourth Plain Blvd., Bldg. 17, Vancouver WA  
564.397.8428

<https://www.clark.wa.gov/public-health/food-safety>

## Food Service Permit Application

This form must be completed and signed for a new permit or to renew an existing permit

<b>Facility Information</b>			
Name of Establishment	_____		
Site Address	_____	City	_____ State <u>WA</u> Zip _____
Site Phone Number	_____	Site Email	_____

<b>Owner Information:</b>			
Business Name	_____	WA Tax ID #	_____
Legal Structure	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Municipal <input type="checkbox"/> Non-profit		
List all the owners, partners, corporate officers or members:			
Owner Name	_____	Owner Name	_____
Owner Name	_____	Owner Name	_____
Business Address	_____	City	_____ State _____ Zip _____
Phone	_____	Phone 2	_____ Business Email _____

<b>Billing Information:</b>			
Name	_____	Care of	_____
Address	_____	City	_____ State _____ Zip _____
Phone	_____	Email	_____

<b>Additional Information:</b>			
Annual Gross Revenue:	(food, beverage and alcohol)	A/B <input type="checkbox"/> \$0 - \$500,000	C/D <input type="checkbox"/> \$500,001 - \$1,000,000 E <input type="checkbox"/> \$1,000,001 and over
Type of Establishment: Check one or more of the boxes below that best describes type of establishment:			
<input type="checkbox"/> Bakery	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Grocery Store with Meat Market	<input type="checkbox"/> Meat/Fish Market <input type="checkbox"/> Restaurant
<input type="checkbox"/> Caterer	<input type="checkbox"/> Grocery Store with Bakery	<input type="checkbox"/> Head Start	<input type="checkbox"/> Mobile Unit <input type="checkbox"/> School Cafeteria
<input type="checkbox"/> Espresso Stand	<input type="checkbox"/> Grocery Store with Deli	<input type="checkbox"/> Itinerant	<input type="checkbox"/> Public Kitchen <input type="checkbox"/> Seasonal

Applicant's Signature	_____	Date	_____
As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is <b>NON-REFUNDABLE</b> and <b>NON-TRANSFERABLE</b> to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.			

FOR OFFICIAL USE ONLY			
DATE PAID:	_____	INV	_____ OW _____ EHA _____
AMTRCVD:	\$ _____	AR	_____ FA _____ SR _____ PR _____

