## **Food Establishment Application**



Opening/Change of Ownership Date	HEALTH DEPARTMENT USE ONLY					
Facility						
Facility Name						
Address						
City	State	Zip				
Phone	Parcel Number_					
Commissary (if applicable)						
Address		·				
City	State	Zip				
Parcel Number						
Are you the owner of the commissary? $\ \square$ No	o □ Yes					
Owner						
Corporation Name						
Individual Name(s)			Double shook your UDI			
UBI Number		_ Enclose copy of business license	Double check your UBI.  A change in UBI requires a new			
Address			application, fee, and permit.			
City	State	Zip				
Phone	Email					
Do you own other food establishments in Pier	rce County? 🔲 No	Yes, list below				
Send operating permit, invoices, and correspo	Questions?					
Plan Review Contact ☐ Same as o	Call (253) 649-1706 or email food@tpchd.org.					
Name			Culturalitation of the contraction			
Address			Submitting your application in person?			
City	State	Zip	Applications must be received by 4 p.m.			
Phone	Email		, ,			
		RTMENT USE ONLY				
GeoSearch FA  Consult by:	Date:	Provided:	☐ Floor plan ☐ Equipment list			
Information submitted is subject to Public Records	Act, Chapter 42.56 R	CW				

Facility Name and Addres	s				
Permit			Permit		
Hours of Operation		☐ Annual	Hours of Operation	n	☐ Annual
☐ Open 24 hours every day		☐ Seasonal	☐ Open 24 hours every day		☐ Seasonal
Sun	_ to		Sun	to	
Mon	_ to		Mon	to	<del>.</del>
Tue	_ to		Tue	to	<del></del>
Wed	_ to		Wed	to	<del></del>
Thu	_ to		Thu	to	
Fri	_ to		Fri	to	<del></del>
Sat	_ to		Sat	to	
Permit			Permit		
Hours of Operation		☐ Annual	Hours of Operation	n	☐ Annual
☐ Open 24 hours every day		☐ Seasonal	☐ Open 24 hours €	every day	☐ Seasona
Sun	_ to		Sun	to	
Mon	_ to	<u> </u>	Mon	to	
Tue	_ to		Tue	to	
Wed	_ to		Wed	to	
Thu	_ to		Thu	to	
Fri	_ to		Fri	to	
Sat	_ to		Sat	to	
If seasonal, dates of operation	on				
Permits expire Jan. 31 each y A 25% late fee is applied to it Facilities with an invoice 61 of	nvoices 1–30	O days late. An additional 2	.5% late fee is applied to in	ivoices 31–60 days lat	e.
Owner Signature			Date		

HEALTH DEPARTMENT USE ONLY

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