



WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

Website: https://www.co.walla-walla.wa.us/government/health_department/index.php

Email: health@co.walla-walla.wa.us

314 West Main Street • P.O. Box 1753 • Walla Walla, WA 99362 • Main Telephone: (509) 524-2650 • Main Fax: (509) 524-2677

Food Service Permit Application

Check One:

- New Establishment
- New Location
- New Owner _____
Date of Owner Change _____

Name of Establishment _____
 Phone# _____ Fax# _____
 Establishment Address: _____

Owner Information

Name: _____
 Phone#: _____
 Address: _____

Facility Contact Information

Name : _____
 Phone#: _____
 Email: _____

Where do you want the permit information renewal mailed:
 Establishment Address Owner's Address
 Other

Hours/Days of Operation

Check the applicable food service permit for which you are applying for:

Restaurant

Category 1 **\$535.00**
 Category 2 **\$615.00**
 Category 3 **\$800.00**

Grocery Stores

Category 1 **\$295.00**
 Category 2 **\$535.00**
 Category 3 **\$800.00**

Bars, Espressos, Taverns & Wineries

Category 1 **\$200.00**
 Category 2 **\$375.00**
 Category 3 **\$600.00**

Mobile/Vending food Unit

Category 1 **\$200.00**
 Category 2 **\$320.00**
 Category 3 **\$535.00**
 Seasonal Category 1 **\$110.00**
 Seasonal Category 2 **\$160.00**
 Seasonal Category 3 **\$270.00**



Other

Bed & Breakfast **\$200.00**
 Caterer **\$200.00**
 Concession Stand **\$280.00**
 Seasonal Concession Stand **\$145.00**

ADDITIONAL INFORMATION FOR CHANGE OF OWNERSHIP

If you changed the facility name, provide previous name: _____
 - Current floor plan drawing must be submitted with this application.
 - Current menu must be submitted with this application.
 Are you remodeling or installing a new kitchen? Yes _____ No _____ (If yes, a plan review must be submitted for approval)

I hereby consent to inspections by the Walla Walla County Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with the provisions of Walla Walla County Code, Section 8.04. I understand that this permit is **nontransferable** and that the Health Department must be notified of changes in **ownership** or **remodeling** of facilities in **ADVANCE**.

Applicants Signature _____ **Date** _____

For Health Department Use Only

Full Fee _____ x _____ % = \$ _____ Fee Paid _____ Receipt # _____

PUBLIC HEALTH—ALWAYS WORKING FOR A SAFER AND HEALTHIER WALLA WALLA COUNTY