

Department of Public Services

Phone: 360-249-4222

Fax: 360-249-3203



100 West Broadway; Suite 31
Montesano, Washington 98563
www.co.grays-harbor.wa.us

GRAYS HARBOR COUNTY

STATE OF WASHINGTON

Dear Applicant:

Attached is the Change of Ownership Food and Beverage Service Application Packet you requested. This application is for Change of Ownership with **NO** menu change. Please note that you are required to pay an annual permit fee prior to the issuance of a permit.

In accordance with Grays Harbor County Policy Number 2014-2, when a change in ownership of a food service establishment occurs, a plan review may be required in order to determine what if any upgrades will be necessary. At the discretion of the health officer, a food service establishment may be placed on a compliance schedule in order to bring the establishment into compliance with Washington Administrative Code (WAC) 246-215. This is provided the establishment is already in substantial compliance with WAC 246-215.

Please review and complete the enclosed application and return it to 100 W. Broadway, Suite 31, Montesano, WA 98563. Please be advised that incomplete applications will be returned and not processed.

If you have any questions regarding the application or if you need further assistance, please contact the Environmental Health Division at (360) 249-4222.



**GRAYS HARBOR COUNTY
DEPARTMENT OF PUBLIC SERVICES
ENVIRONMENTAL HEALTH DIVISION**

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Food & Beverage Service Establishment Permit Application - 2017

Type of food service establishment (Check the category that applies)

- Restaurant/Drive-In/Deli/Mobile With Cocktail Lounge? Yes No
- Tavern With on-site food preparation? Yes No
- Retail Grocery – with Deli Bakery Seafood Meat Espresso
- Retail Meat/Fish/Seafood/Bakery
- Private Club/Fraternal Organization/Institution/Senior Center
- Bed & Breakfast Facility
- Espresso Facility
- Restricted Facility

**Fee
Schedule
on other
side**

Name of Establishment:	Phone:
Address:	City/State/Zip:
Mailing Address:	Mailing City/State/Zip:
Business Owner:	Phone:
Address:	City/State/Zip:
Property Owner:	Date of Opening:

APPLICATION FOR

- New Establishment
- Remodel
- Change of Ownership
- Other (i.e., Renewal) _____

Contractor:	Phone:
Architect:	Phone:

Water Source

Own Well Municipality or Water District _____

SEWAGE DISPOSAL

Establishment has septic system Municipality or Sewer District

SEATING CAPACITY

_____ (include both indoor and outdoor seating)

IS OFF PREMISE CATERING OFFERED?

Yes No

IS THIS FACILITY TOTALLY NON-SMOKING?

Yes No

ARE FOODS VACUUM PACKAGED ON-SITE?

Yes No

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

Signed: _____ Title: _____ Date: _____

DEPARTMENT USE ONLY: MAIL PERMIT TO BE PICKED UP OTHER _____

Comments: _____

Approved by: _____ Denied by: _____ Date: _____

Reason for denial: _____

FOOD SERVICE PROGRAM FEES

Program	Seating Capacity / Description	Fee
<u>Food Service Establishment</u> (restaurant, deli, mobile food unit, tavern, etc.)	0-25	\$208
	26-75	\$292
	76-150	\$405
	over 150	\$486
<u>Catering</u>	Off-site by restaurant	\$139
	Stand alone	\$208
Grocery/Convenience Store	Grocery Only	\$188
	With meat and/or fish – ADD	+\$82
	With bakery – ADD	+\$82
	If serving food with no seating – ADD	+\$113
	If serving food and seating available – ADD	
	0-25	+\$208
	26-75	+\$292
	76-150	+\$405
over 150	+\$486	
Retail Market	Including retail fish, meat, and bakery.	\$208
All Other Food Service Establishments	Processor, Private Club, Institution	\$232
	Senior Center	\$174
	Senior Center Satellites	\$92
Limited Food Service	Food service establishment and Bed and Breakfast facility serving only continental or limited breakfast. Bed and Breakfast establishments serving food other than a continental or limited food service shall meet the requirements of a food service establishment and pay corresponding fee.	\$146
Espresso	A food service establishment which prepares and/or offers for sale coffees, coffee flavored drinks, hot chocolate, teas, and other similar beverages. Also acceptable in this category are non-potentially hazardous commercially prepared and wrapped foods and pastries such as muffins, English muffins, bagels, biscotti, cinnamon rolls, and cookies in addition to the aforementioned beverages.	\$146
Seasonal Food Service Establishment	In operation for four or less consecutive months	50% of the applicable fee
<u>Restricted Food Service Establishment</u>	Only commercially pre-packaged non-potentially hazardous foods sold. Also non-potentially hazardous candy making, i.e., fudge, taffy and cotton candy.	\$46



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FOOD HANDLING QUESTIONNAIRE

Please complete BOTH SIDES of this questionnaire with as much detail as possible. Answers to the following will determine if your food handling techniques are consistent with proper food safety and public health protection. Since it has been shown that the majority of foodborne illness outbreaks are contributed to errors in food handling (e.g., improper cooling, reheating, etc.), it is important that proper procedures be employed from the start of operation at the food service establishment.

Potentially Hazardous Foods (PHF) are defined as those foods which will support the growth of foodborne illness causing bacteria and are those foods which have a high moisture and protein content and a low amount of acidity. PHFs, which have been frequently identified as vehicles of a foodborne illness, include meat, poultry, seafood, dairy products, cooked rice/potatoes/beans, soups and gravies, potato and other combination salads. The definition does not include commercial hard cheeses, commercially prepared mayonnaise or salad dressings, raw unprocessed vegetables or fruits (except cut melons, cut leafy greens, cut tomatoes and sprouts).

1. Cooling of Potentially Hazardous Foods

Will any potentially hazardous food be cooled? Yes No

If yes, explain in detail how you are cooling foods. Include the following:

- A. Technique
- B. Time, if any foods are allowed to pre-cool at room temperature
- C. Types of containers used, and the level of food placed in these containers to cool
- D. Whether foods are covered during the cooling process or not
- E. How the process will be monitored
- F. If using an ice bath, when are foods placed in refrigeration (at what temperature); how often are foods being stirred; what level is the ice in relation to the food

2. Reheating Potentially Hazardous Foods (Complete this area if you answered "Yes" to 1 (above.)

If you are going to reheat PHFs, please describe the process and include the following:

- A. Heating equipment used for reheating (stove burner, convection oven, etc.)
- B. Total amount of time taken to reheat before service or hot holding
- C. Temperature you will be reheating to
- D. How the process will be monitored

3. Hot and Cold Holding of PHFs

If you are going to be hot or cold holding PHFs, describe the following:

- A. The temperature of PHFs before they are placed into hot holding units (steam tables, crock pots, etc.) or cold holding units (salad, bars, cold wells, refrigerators, etc.)
- B. The internal temperature of PHFs in hot or cold holding units to be maintained throughout the day
- C. How the process will be monitored

4. Personnel Hygiene

Describe how the hygiene of personnel will be addressed in your establishment and include:

- A. Policy on where and when handwashing should occur
- B. Procedures on how employees are expected/required to wash their hands
- C. Policy of ill food service workers
- D. How employees will eliminate direct bare hand contact with Ready-to-Eat foods?

5. Cooking Temperatures

- | | | | |
|------------------|-------|------------------------------|-------|
| • Beef | _____ | • Casseroles containing PHFs | _____ |
| • Poultry | _____ | • Pork | _____ |
| • Fish/Shellfish | _____ | • Ground Beef | _____ |

How will you monitor the cooking temperatures of these and other foods?

6. Cleaning and Sanitization Procedures

Describe the type and concentration of sanitizer you will be using **and** when it is to be used. Include how meat slicer, cutting boards, etc. will be cleaned and sanitized after becoming contaminated. Also describe how your dishes will be washed in your establishment.

Will test strips be provided for testing the concentration of sanitizing solution? Yes No

7. Additional Information Required

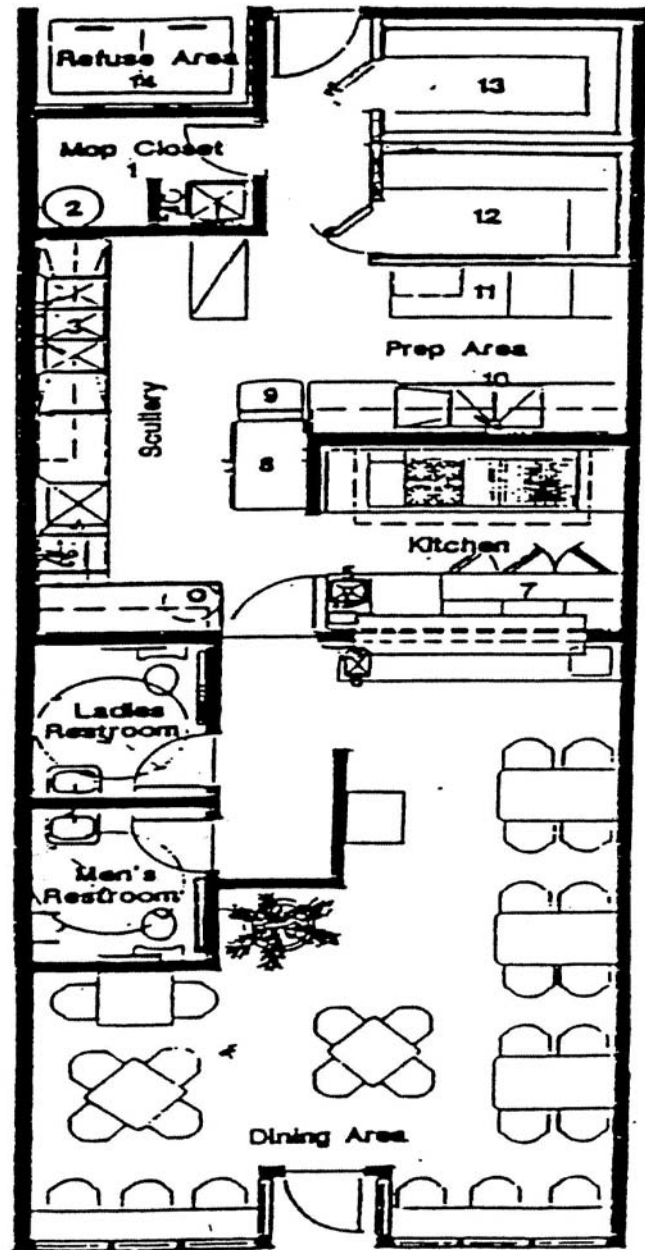
Please submit with packet on separate pages.

- A. Menu
- B. List of all food service related equipment including make and model number.
- C. Floor plan including the layout of all sinks, refrigerators, equipment, etc. See attached example of a detailed floor plan drawing to use as a guide.

EXAMPLE OF FLOOR PLAN

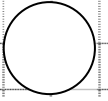
EQUIPMENT SCHEDULE

1. Mop sink
2. Hot water heater
3. Three compartment sink
4. Dishwasher with pre-wash sink
5. Hand sink
6. Water fill station
7. Sandwich prep refrigerator
8. Reach-in refrigerator
9. Ice machine
10. Food prep sink
11. Work counter with slicer
12. Walk-in refrigerator
13. Walk-in freezer



Site Plan

SCALE: 1" = _____



North Arrow

I understand that any permits issued by the county consistent with the above site plan are valid only if allowed by all applicable laws and codes. Further, that all permits issued are valid only if constructed according to this plan. This site plan shows all existing and proposed structures.

Owner/Applicant Signature _____

Date _____