

**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](http://www.co.grays-harbor.wa.us)

# **GRAYS HARBOR COUNTY**

## **STATE OF WASHINGTON**

Dear Applicant:

Enclosed 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 98-002, 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) 249-4413.



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

**100 W Broadway Suite 31  
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**Food & Beverage Service Establishment Permit Application - 2010**

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	\$180
	26-75	\$252
	76-150	\$350
	over 150	\$420
<u>Catering</u>	Off-site by restaurant	\$120
	Stand alone	\$180
Grocery/Convenience Store	Grocery Only	\$162
	With meat and/or fish – ADD	+\$70
	With bakery – ADD	+\$70
	If serving food with no seating – ADD	+\$98
	If serving food and seating available – ADD	
	0-25	+\$180
	26-75	+\$252
	76-150	+\$350
over 150	+\$420	
Retail Market	Including retail fish, meat, and bakery.	\$180
All Other Food Service Establishments	Processor, Private Club, Institution	\$200
	Senior Center	\$150
	Senior Center Satellites	\$80
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.	\$126
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.	\$126
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.	\$40



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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 of 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 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:

- 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:

- 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:

- 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**

- A. Describe how the hygiene of personnel will be addressed in your establishment and include:
- B. Policy on where and when handwashing occurs
- C. Policy of ill food service workers
- D. How employees will eliminate direct bare hand contact with food
- E. Handwashing after handling raw meats, seafood and before handling 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.

**7. Additional Information Required**

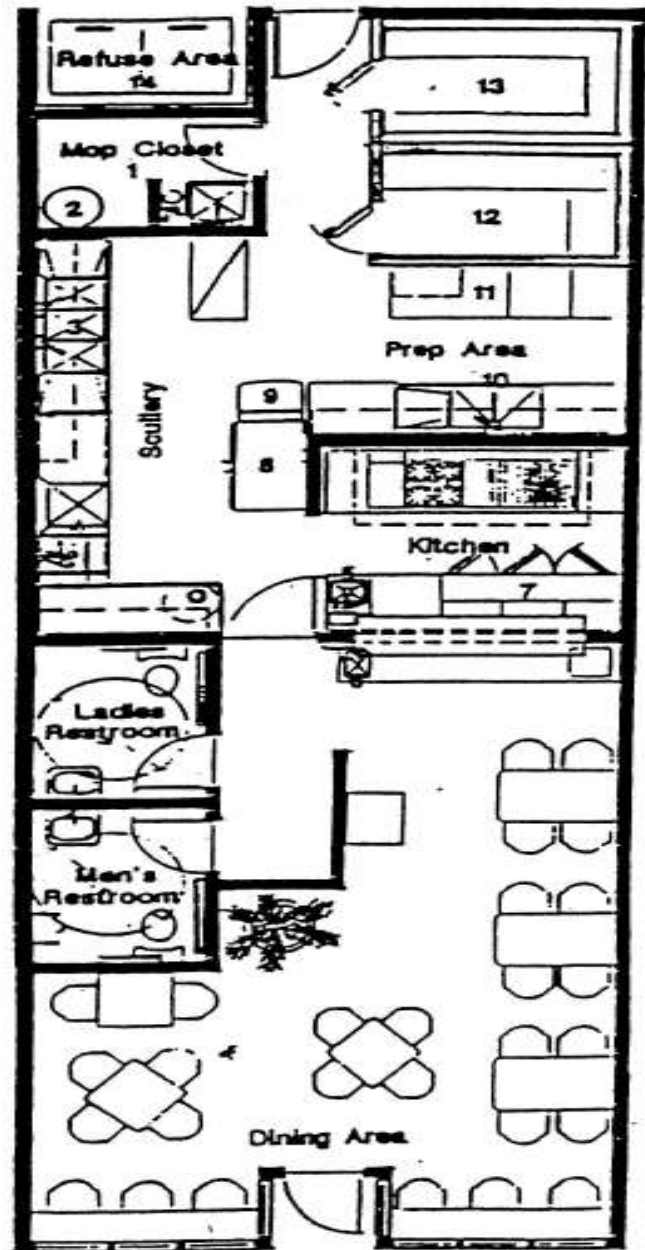
Please submit with packet on separate pages.

- 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

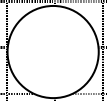
## EQUIPMENT SCHEDULE

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

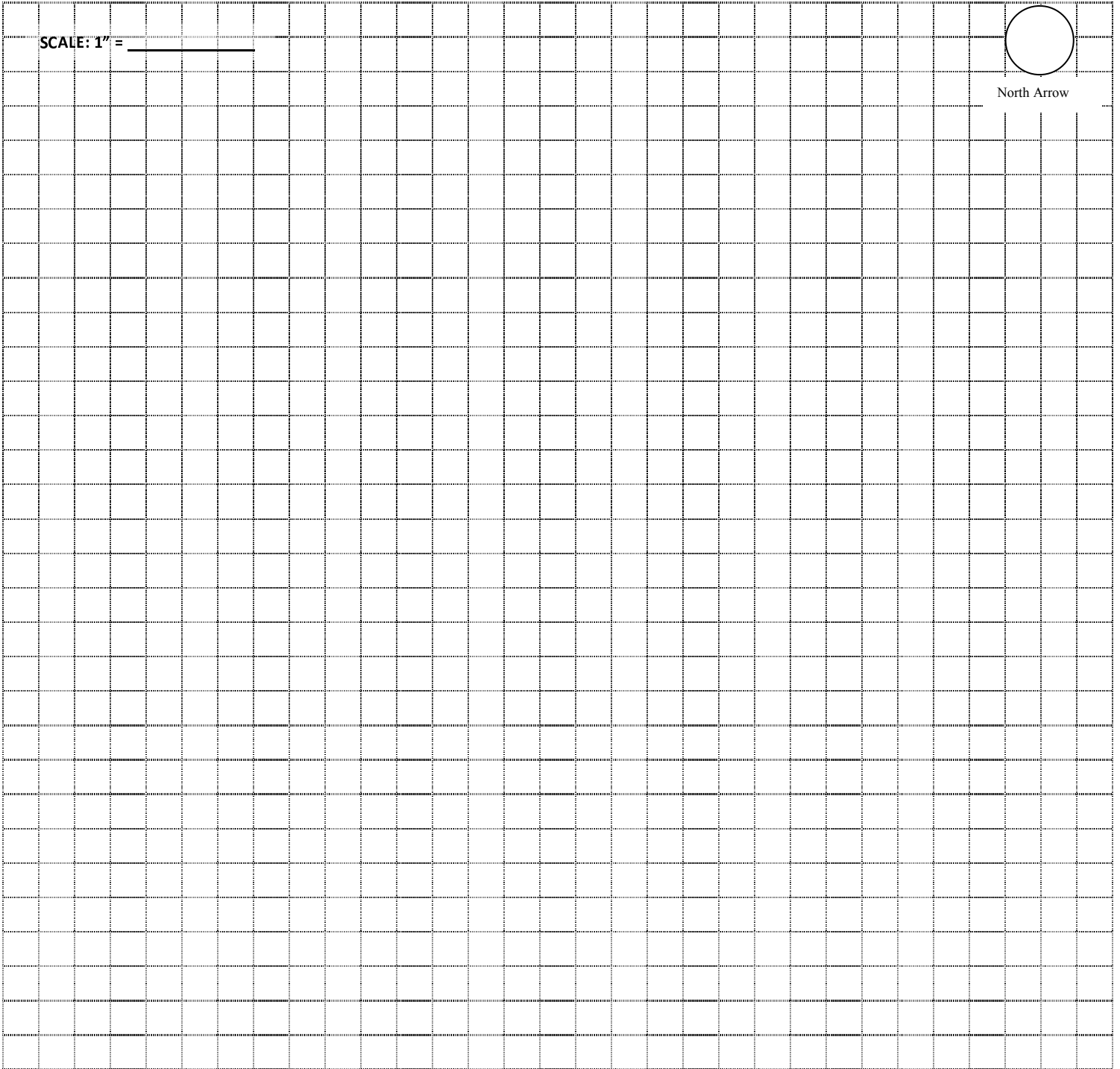


# Site Plan

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 show all existing and proposed structures.*

Owner/Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_