



**Benton-Franklin Health District  
Environmental Health Division**  
7102 W. Okanogan Pl. • Kennewick, WA 99336  
(509) 460-4205 or (800) 814-4323  
www.bfhd.wa.gov

For Office Use Only	
App Accepted By:	
Other Materials:	Code:
<input type="checkbox"/> E SPECS <input type="checkbox"/> MENU <input type="checkbox"/> ILL <input type="checkbox"/> PLAN <input type="checkbox"/> COMS <input type="checkbox"/> CG <input type="checkbox"/> HW	

## Food Service Application

- New Construction (Complete Sections 1, 2, 3, 6)**  
 **Change of Menu (Complete Sections 1, 5, 6)**       **Remodel (Complete Sections 1, 4, 6)**  
 **Change of Ownership (Previous Name of Establishment: \_\_\_\_\_) (Sections 1, 2, 3, 6)**

### SECTION 1: BUSINESS AND CONTACT INFORMATION

*Note: Mailing Address will be the "Address of Record" for all communication mailed from this Department*

<b>Date of Application</b>	<b>Proposed Opening Date</b>	Application must be approved before beginning construction, operation, or implementing changes.	
<b>Food Establishment Name</b>	<b>Telephone Number</b> (    )	<b>Fax Number</b> (    )	
<b>Food Establishment Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Owner Name</b>	<b>Daytime Phone</b> (    )	<b>E-mail</b>	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

### SECTION 2: FOOD SERVICE CLASSIFICATION

**Style of Service** (Please check all that apply)     Quick service/Take out/Drive-thru     Delivery  
 Buffet/Self-serve     Table service     Cafeteria-style     Other \_\_\_\_\_

**Type of Food Establishment**  
 Full Menu:     Restaurant     School or Institution     Caterer     Other \_\_\_\_\_  
 Limited Menu:  Espresso     B&B     Tavern or Winery     Seasonal or Concession Stand  
 Retail:     Grocery     Deli     Meat     Seafood     Bakery     Produce

<b>Seating Capacity</b> <input type="checkbox"/> Zero (0) <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 200+	<b>Maximum Number of Food Employees per Shift</b> <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51+
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**Hours of Operation**  
 Sun: \_\_\_ to \_\_\_    Mon: \_\_\_ to \_\_\_    Tue: \_\_\_ to \_\_\_    Wed: \_\_\_ to \_\_\_    Thu: \_\_\_ to \_\_\_    Fri: \_\_\_ to \_\_\_    Sat: \_\_\_ to \_\_\_

<b>Water Source:</b> Will this establishment be connected to municipal water <i>and</i> sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Catering:</b> Will this establishment arrange, prepare, or serve food off site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Seasonal:</b> Will this establishment operate less than 6 months of each year? If yes, Start Date: _____ End Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Commissary:</b> Will this establishment (such as a mobile food unit or caterer) need to use a separate facility for food prep, storage, or cleaning? <i>If yes, complete Commissary Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Smoking:</b> State law prohibits smoking inside public facilities. (This includes establishments that serve food or beverages to the public.) Will your establishment be non-smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 3: MENU OVERVIEW

*Note: Application must include complete list of menu items*

Please check all that apply:

<b>High Risk Groups:</b> Will this establishment <i>primarily</i> serve children under the age of 10, adults over the age of 65, or people with weakened immune systems (such as those on dialysis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Raw Animal Products:</b> Will this establishment use raw meats, poultry, or fish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Consumer Advisory:</b> Will this establishment serve raw or undercooked meats, poultry, fish, eggs, or shellfish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cooling:</b> Will this establishment cool foods, such as when preparing pasta salads or cooling leftovers for later service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Packaging:</b> Will this establishment package food in an <i>air-tight</i> package, such as shrink-wrap, sous vide, reduced-oxygen, or vacuum packaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Shellfish:</b> Will this establishment serve or sell molluscan shellfish such as oysters, clams, mussels, or scallops?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Holding Tank:</b> Will this establishment have water tanks to hold live shellfish such as crab, lobster, clams, or mussels?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4: REMODEL**  
**COMPLETE THIS SECTION WHEN PLANNING TO REMODEL**

1. Describe planned changes to the establishment.

*\*\*\*Note: significant changes to the facility (such as changes to the electrical, equipment, or plumbing) may require additional information, changes, or plan review.*

2. Will the seating capacity change?  Yes  No If yes, what will be the final seating capacity? \_\_\_\_\_

3. Will the Hours of Operation change?  Yes  No If yes, complete times:

Sun: \_\_\_ to \_\_\_ Mon: \_\_\_ to \_\_\_ Tue: \_\_\_ to \_\_\_ Wed: \_\_\_ to \_\_\_ Thu: \_\_\_ to \_\_\_ Fri: \_\_\_ to \_\_\_ Sat \_\_\_ to \_\_\_

4. Will the number or location of any sinks or plumbing change?  Yes  No

5. Will any refrigeration, cooking, hot holding, or washing equipment be moved, added, or removed?  Yes  No

6. Will the number or location of restrooms change?  Yes  No

7. Will any wall, floor, or ceiling finishes change?  Yes  No

8. Point of contact during remodel:

Name:

Daytime Phone: ( )

**SECTION 5: CHANGE OF MENU**  
**COMPLETE THIS SECTION IF CHANGING THE MENU**

1. Attach a separate sheet with all menu items that will be added to/removed from the menu.

*\*\*\*Note: significant changes to the menu may require additional information, equipment changes, or plan review.*

<b>Please check all that apply:</b>	<i>Before Menu Change</i>	<i>After Menu Change</i>
2. This establishment <i>primarily</i> serves children under the age of 10, adults over the age of 65, or people with weakened immune systems (such as on dialysis).	<input type="checkbox"/>	<input type="checkbox"/>
3. This establishment uses raw meats, poultry, fish, eggs, or shellfish.	<input type="checkbox"/>	<input type="checkbox"/>
4. This establishment serves raw or undercooked meats, poultry, fish, eggs, or shellfish.	<input type="checkbox"/>	<input type="checkbox"/>
5. This establishment cools potentially hazardous foods.	<input type="checkbox"/>	<input type="checkbox"/>
6. This establishment packages food in an air-tight package, such as shrink-wrap, sous vide, reduced-oxygen, or vacuum packaging.	<input type="checkbox"/>	<input type="checkbox"/>
7. This establishment serves or sells molluscan shellfish such as oysters, clams, or mussels.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 6: SIGNATURE**

I certify by signature that I am the owner or designee of the establishment. I further certify that I grant permission to allow the Health Officer and/or representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of WAC 246-215, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Benton-Franklin District Board of Health Regulations or WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

*Note: It is the applicant's responsibility to ensure compliance with all other applicable state, county, and city agencies before operating the establishment listed on this application.*

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant Printed Name

\_\_\_\_\_  
 Phone Number