SUBMIT

Skagit County Public Health
Environmental Health
Food & Living Environment

Office Use Only	
Est. ID:_____	INV#:_____
RCVD Date:_____	By:_____
EH Use Only	
☐ PWS ID:_____	Grp: ☐ A ☐ B
☐ Risk Level_____	
☐ Renew ☐ Change ☐ New	

Donated Food Distribution Organization Notification

NO FEE. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY

Establishment	Establishment Name			
	Street Address			
	City, State, Zip			
	Phone		Email	
	Manager Name		Title	

Organization	Organization Name		UBI	
	Mailing Address			
	City, State, Zip			
	Phone		Email	

501(c) STATUS: This organization ☐ **does /** ☐ **does not** have a 501(c) IRS determination.

		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Hours	Open							
	Close							
	Comments:							

Septic	☐ N/A	Date Last Inspection		Results	

Activities	
☐ Serve meals to the public	☐ Distribute food for clients to prepare at home
☐ Prepare/cook/serve raw meat/seafood/poultry	☐ Repackage bulk foods into smaller packages for distribution
☐ Serve food at offsite or outdoor locations.	☐ Distribute packaged foods that require temperature control
☐ Heat food on site and cool it down for later distribution/reheating/service	☐ Distribute only pre-packaged, shelf-stable food through a food bank or backpack program
☐ Receive hot food and cool it for later distribution/reheating/service	☐ Heat food on site and cool it down for later distribution/reheating/service

Attachments

☐ List of all restaurants, grocery stores, donor kitchens, and other sources of food
☐ Name, title, and address of all owners and/or officers
☐ IRS 501(c) determination letter OR ☐ Letter of sponsorship & sponsor's IRS determination letter

By signing this notification, I attest that this application is complete and accurate. I agree to comply with the requirements of WAC 246-215 and SCC 12.36 and will permit the health officer or their agent to access the DFDO and review records and other information as required. I understand that this registration is not transferrable between people or locations and that all changes in operations must be approved in advance.

Signature	**Date**
Print Name	**Title**