



# Skagit County Department of Public Health

**Jennifer Johnson, Director**  
**Howard Leibrand, M.D., Health Officer**

## Food Service Permit Applications

The following application is a fillable form. You may complete all fields in the form electronically or you may print the form and complete it manually. We require an actual signature on all applications. If you are able to sign using an electronic device please do so in the designated area, otherwise you will need to print the form to sign.

Completed and signed applications can be submitted via:

- E-mail to [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us)
- Fax to 360-416-1501
- Mail to Environmental Public Health, 700 South 2<sup>nd</sup> Street, #301, Mount Vernon, WA 98273

You may save a copy of your completed form electronically but if you leave this website your changes within the webform will not be saved.

Please note that food service permit applications, for both temporary and annual permits, now require that the permit applicant be the food service owner or an officer of the owner. This is a requirement of Washington State Retail Food Code, Chapter 246-215-08320 (1) WAC. The food service permit will be issued to both the permit applicant (owner or officer of owner) and the manager of the day to day operations of the food service, if different from the owner.

Please make sure that you submit your application within the timeframe specified on the application to avoid a late fee. Operating a retail food service without a permit is illegal and subject to enforcement action. Incomplete applications will be returned to the applicant and not processed.

If you have questions regarding the application or the type of food service permit required for your operation please contact us by phone at 360-416-1500 or via e-mail at [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us).

Skagit County Department of Public Health  
700 South 2<sup>nd</sup> Street, #301  
Mount Vernon, WA 98273  
Phone 360-416-1500 Fax 360-416-1501  
Website: [www.skagitcounty.net/food](http://www.skagitcounty.net/food)



## FOOD DISTRIBUTION ORGANIZATION

*Non-Profit Food Bank, Charity Kitchen, or similar organization*

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE HEALTH DEPARTMENT**

Name of Food Distribution Organization:

\_\_\_\_\_

Person in Charge

(PIC): \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Phone number: \_\_\_\_\_ Contact Phone number : \_\_\_\_\_ (day) \_\_\_\_\_  
(other)

Emergency Name and Phone number:

\_\_\_\_\_

Facility FAX number: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Your phone number, fax number and e-mail will not be distributed for commercial purposes. We will use this information to contact you in a timely manner about food recalls or other food safety emergencies.)

Water Source: \_\_\_\_\_ Wastewater disposal:  Public Sewer Name \_\_\_\_\_

On-site septic system

We serve meals to the public  Y  N

Days/Times of food service: \_\_\_\_\_

We distribute food for clients to prepare at home  Y  N

Days open: \_\_\_\_\_ Hours open: \_\_\_\_\_

I agree to comply with Washington State and Skagit County Health Department regulations regarding the above named facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No Fee - This form is for information purposes only.**