

PLAN REVIEW

Food Service Establishment Application

Submittal Date	Memo Number	Review Fee	Customer ID Number

Please see the [Environmental Health Fee Schedule](#) for current fees.

FOOD SERVICE ESTABLISHMENT INFORMATION		
Food establishment name		
Establishment street address (Mobile units/caterers use kitchen information)		
City	State	Zip code
Intended date of opening OR intended date changes will be in effect		

APPLICANT INFORMATION		
First and last name		Contact phone
<input type="checkbox"/> Business owner <input type="checkbox"/> Contractor <input type="checkbox"/> Project Manager <input type="checkbox"/> Other:		
Mailing street address		
City	State	Zip code
Email address		

APPLICATION DETAILS (CHECK ALL THAT APPLY)	
<p>Permit holder status:</p> <p><input type="checkbox"/> I am a new permit holder</p> <p style="margin-left: 20px;"><input type="checkbox"/> This is a change of ownership Date of ownership change: _____</p> <p><input type="checkbox"/> Establishment has been or will be closed for any amount of time</p> <p><input type="checkbox"/> I am an existing permit holder: Customer Identification Number _____ <i>(e.g. KC0000, PB0000)</i></p> <p><input type="checkbox"/> This is a mobile or catering business – A Commissary Kitchen Agreement Form may be required.</p>	<p>Structural proposal:</p> <p><input type="checkbox"/> New construction</p> <p><input type="checkbox"/> Existing building: Previous food establishment name (if applicable) _____</p> <p><input type="checkbox"/> Remodel</p> <p>Proposed changes to existing establishment:</p> <p><input type="checkbox"/> Changing equipment</p> <p><input type="checkbox"/> Changing menu</p> <p><input type="checkbox"/> Adding catering or mobile unit</p> <p><input type="checkbox"/> No changes to menu, floor plan, equipment, or services proposed</p>

CERTIFICATION AND ACKNOWLEDGMENT		
<p>By signing this document, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:</p>		
<p><input type="checkbox"/> Any changes to the menu, equipment, floor plan, or services after submittal may result in postponement of my application review. Changes must be reviewed and approved by the Health District; additional paperwork and fees may be required.</p> <p><input type="checkbox"/> The submitted proposed menu, equipment, floor plan, and services meet the requirements of Chapter 246-215 Washington Administrative Code and Kitsap Board of Health Ordinance 2014-01.</p>		
Owner/ Applicant name printed	Owner/ Applicant signature	Date

FOOD ESTABLISHMENT FLOORPLAN

Include architectural plans or use an architect scale to draw the floor plan in the space below. Attach extra sheets if needed. For revised floor plans, highlight all proposed changes. Label each item, including:

- All sinks- Hand washing, food preparation, three-compartment, dump, and mop. Indicate which sinks will be indirectly drained by writing "ID" next to them.
- Equipment- Refrigerators, freezers, hot holding, etc. Indicate if it is commercial equipment by writing a "C" next to it.
- Important facility features: Restrooms, bar areas, service areas, storage areas, etc.

PROPOSED MENU

Attach a menu or list each menu item in the space below. Put an asterisk (*) next to each menu item to which a consumer advisory will apply. Highlight proposed menu changes (if applicable). Do you intend to:

- Cool food
- Hot hold food
- Perform a special process- Variance and HACCP Plan Applications may be required; fees apply.
- Prep produce
- Prep raw meat