

FOOD ESTABLISHMENT PERMIT

Food Service Establishment Application

SUBMITTAL DATE	REVIEW FEE	MEMO NUMBER	INVOICE/TRANSACTION NUMBER	CUSTOMER ID NUMBER
	\$			

Please see the Environmental Health Fee Schedule for current fees.

FOOD SERVICE ESTABLISHMENT INFORMATION		
Food establishment name		
Customer Identification Number (e.g. KC0000, BR0000)		
Establishment street address		
City	State	Zip code

OWNER INFORMATION		
First and last name		Contact phone
Mailing street address	<input type="checkbox"/> Same as establishment address	
City	State	Zip code
Email address		

CERTIFICATION AND ACKNOWLEDGMENT

By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge. I understand that:

- Changes to the menu, equipment, or services offered must be reviewed and approved by the Health District; additional paperwork and fees may be required.
- Chapter 246-215 Washington Administrative Code and Kitsap Board of Health Ordinance 2022-02 rules apply to me.
- Smoking and vaping are not allowed in my food establishment or within 25 feet of doors or windows.
- My permit to operate expires on June 30th of each year. Permit fees must be received by July 1st of each year or late fees will be assessed and my establishment may be closed for operating without a permit.

Owner name printed

Owner signature

Date