

**APPLICATION TO OPERATE A  
MOBILE FOOD UNIT/COMMISSARY**  
**PERMIT YEAR IS APRIL 1<sup>ST</sup> THROUGH MARCH 31<sup>ST</sup>**

Name of Mobile Unit: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mobile Unit Operating Location: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Circle all that apply:**

Permit New \_\_\_ Permit Renewal \_\_\_ Change of Ownership \_\_\_ Change of mailing address \_\_\_

Mobile Reciprocity \_\_\_ Classification Change: 67 \_\_\_\_\_ Permit Number: PR \_\_\_\_\_

Change of Commissary (\$25 fee) Previous Commissary Name/Address \_\_\_\_\_

Change of Business Name/ Previous Business Name: \_\_\_\_\_

**Notice:** By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Call (206) 263-9566 if you do not receive a renewal application by February 28<sup>th</sup>. Be sure to renew your permit before it expires.

**PAYMENT INFORMATION**

**See back of form for fee schedule, refund policy, and where to submit this application.**

Check if applicable:

New operation, date opened _____	Permit Fee	\$ _____
Seasonal operation:	Late Fee	\$ _____
Date of opening _____	Field Plan Review Fee	\$ _____
Date of closing _____		
Date of commissary change _____	Change of Commissary	\$ _____
Seating capacity _____	<b>Total Due</b>	<b>\$ _____</b>

Check or Money Order, Payable to: **SKCDPH**

**OFFICE USE**

Mobile PR \_\_\_\_\_ FA \_\_\_\_\_ PE \_\_\_\_\_ PLAN REVIEW SR \_\_\_\_\_ MOBILE STICKER # \_\_\_\_\_

Commissary PR \_\_\_\_\_ FA \_\_\_\_\_ PE \_\_\_\_\_ VARIANCE SR \_\_\_\_\_ DATE FACILITY OPENED \_\_\_\_\_

INSPECTOR NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Food Establishment Categories and Permit Fees 2019 Effective 1/1/20 – 12/31/20**

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$406	6702 - \$615	6703 - \$875
General Food Service- 13-50 seats	6711 - \$406	6712 - \$657	6713 - \$927
General Food Service- 51-150 seats	6721 - \$406	6722 - \$657	6723 - \$1,012
General Food Service- 151-250 seats	6731 - \$406	6732 - \$804	6733 - \$1,121
General Food Service- over 250 seats	6741 - \$416	6742 - \$878	6743 - \$1,237
Limited Food service- no permanent plumbing	6757 - \$406	NA	NA
Bakery- no seating	6751 - \$483	6752 - \$577	6753 - \$849
Bed and Breakfast	6761 - \$405	NA	NA
Grocery Store- no seating	6765 - \$396	6766 - \$734	NA
Caterer	6771 - \$526	6772 - \$684	6773 - \$849
Meat/Fish Market	NA	NA	6777 - \$883
Vending Machine	6775 - \$374	NA	NA
Mobile Food Unit	6781 - \$554	6782 - \$887	6783 - \$1,143
Nonprofit Institution - unlimited seating	6735 - \$406	6736 - \$615	6737 - \$875
School Lunch Program	NA	6792 - \$617	NA

\*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

**PLAN REVIEW FEES**

New Construction	4 hour base fee (\$919.20 ) + \$229.80/hr after 4 hours
Remodel	3 hour base fee (\$689.40 ) + \$229.80/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$689.40) + \$229.80/hr after 3 hours
Resubmitted plan review-billable	\$229.80/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$459.60 ) + \$229.80/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$459.60 + \$229.80/hr after 2 hours

**PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS**

“Seasonal food establishment” means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

**LATE FEES**

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

**MISCELLANEOUS FEES**

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$229.80/hr
Check returned by bank	\$35
Processing a refund	\$25
After hours inspection	Cost of service

**Refund Policy**

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).

**MAKE CHECKS PAYABLE TO:** SKCDPH  
**MAIL TO:** Public Health – Seattle & King County  
 Downtown Environmental Health  
 401 - 5<sup>th</sup> Avenue, Suite 1100  
 Seattle, WA 98104

**PERMITS AND LICENSES PHONE:** 206-263-9566 Fax- 206-296-0189  
**WEBSITE:** <http://www.kingcounty.gov/foodsafety>



**Environmental Health Division | Food Protection Program**

This checklist is based on RCW 43.20.149, adding a new section to Chapter 43.20 Revised Code of Washington. Please place this checklist on top of the "Application to Operate a Mobile Food Unit/Commissary". All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received.** Only completed application and checklist submittals will be processed and reviewed.

Mobile Unit's Name		
Mobile Owner's Name		
Mailing Address	City	Zip Code
Phone	Email	

**\*REQUIRED ITEMS #1-10**

✓	ITEM #	ITEM	REQUIRED INFORMATION	PAGE NUMBER	OFFICE USE
	1	Application to Operate a Mobile Food Unit/Commissary	Mobile permit application must be complete including permit fee		
	2	Current Operating Permit	Provide a copy of current annual operating permit from the original local regulatory authority		
	3	Plan Approval Letter	Provide copy of the plan approval letter issued by the original local regulatory authority		
	4	Most Recent Inspection Report	Provide food safety inspection report within the past 60 days for mobile food unit and for commissary		
	5	Approved Plans of Mobile	Provide equipment floor plan		
	6	Commissary/Service Area Information	Commissary/Service Area Agreement Form or Commissary Exemption		
	7	Menu	List of food and beverage items to be prepared and served.		
	8	Food Preparation Steps	Provide a description of how each menu item will be prepared and service. Provide the Food Preparation Flow Chart		
	9	Site/Itinerary Information	Information on Site or Route Location (Mobile-Food-Unit-Contact Information Form)		
	10	Use of Restroom Agreement within 500 feet	Information on Restroom Agreement only if mobile food unit will operate at a location longer than one (1) hour.		

**\*OPTIONAL**

	Photo(s) of Vehicle/Mobile Food Unit		
	Equipment list/schedule		
	Operating procedures		

I understand I cannot commence operation until I have received written approval from this mobile reciprocity, have obtained all annual operating permits, and have been inspected by all applicable city, county, and state agencies having jurisdiction.

Signature/Title  Date

**Public Health – Seattle & King County**  
**Permanent Food Risk Based Inspection Program**

A risk based inspection program assigns inspection frequency based on the risks associated with the food service. There are three different risk type categories that can be assigned to a food service establishment and each is based on the type of food, preparation steps, type of food processing and/or packaging that is performed within an establishment.

Risk Type	Risk Type Category Description and frequency	Placement Examples
<p><b><u>Low Risk</u></b>  <b>Category: 1</b></p> <p><b>Cold Holding</b>  <b>Limited Food Prep</b></p> <p><i>Cook Step</i>  <i>Exceptions:</i></p> <p><b>Commercially processed microwave dinners</b></p>	<p>Requires one routine inspection per year to verify proper food source, food storage, and general cleanliness.</p> <p><i>Examples:</i>            Food Preparation Steps: Receive - Limited Prep - Serve</p> <p>Ready to eat pre-packaged potentially hazardous food or pre-packed frozen foods. No opening of packages for heating or service as a risk 1. Except for “venting” prior to heating. See risk 2 category.</p> <p>Espresso and/or blended drinks, no other food prep. Limited prep of potentially hazardous foods (sectioning melon, hot dogs). Hot dogs are the only exception allowed for reheating and hot holding under this category.</p> <p>Reheating of pre-cooked individually pre-packaged foods, immediately served in original package.</p> <p>Mobile Food Service - limited to espresso or hot dogs only, no other food prep.</p>	<p><b>Grocery Store, Drug Store, Convenience Store, Gas Station, Coffee Shop, Tavern, Espresso Caterer or Ice Cream Shop</b></p> <p>Espresso drinks, hot dogs, sectioning melons for retail sale in produce area, heating pre-packaged sandwiches (NO grilling or cutting of foods, NO on-site cooking/baking). Venting commercially packaged foods to heat and serve.</p> <p>Making smoothies w/ commercially prepared mixes (including dairy and commercially prepared frozen fruit), scooping ice cream, nacho cheese.</p> <p><b>Cart</b> - espresso and/or hot dogs, grilled onions</p> <p><b>Mobile Truck</b> - frozen food or meat, espresso, hot dogs, cold holding of pre-packaged foods</p>
<p><b><u>Medium Risk</u></b>  <b>Category: 2</b></p> <p><b>No Cook Step Food Preparation</b></p> <p><i>Cook Step</i>  <i>Exceptions:</i></p> <p><b>Pre-packed Raw Meat or Seafood</b></p>	<p>Requires one routine inspection each year and an educational visit for consultation/training to discuss risk reduction while verifying proper food handling, food source, food storage, and general cleanliness. Risk 2 schools, USDA, National School Lunch Program Schools, receive 2 routine inspections per year.</p> <p><i>Examples:</i>            Food Preparation Steps: Receive - Store - Prepare - Cold Hold - Serve</p> <p>Baking bread, pastries, donut frying, sandwich grilling or toasting for immediate service – no hot holding of foods.</p> <p>School or Institution satellite operation limited to reheating or hot holding of prepared foods – no on-site cooking.</p> <p>Grocery store or market which also sells pre-packaged raw meat or seafood products.</p>	<p><b>Bakery, Caterer, Sandwich Shop, Deli or Convenience Store, Coffee Shop or Tavern</b></p> <p>on site baking, sandwich making - food prep w/grilling, toasting and cutting of heated foods (NO hot holding of foods)</p> <p>Making smoothies w/ raw ingredients (fruit, eggs, etc.</p> <p>Cutting, slicing or removing commercially packaged foods from the package for heating or service.</p> <p><b>Ice Cream Shop</b> - cooking waffle cones or cakes mixes, soft serve</p> <p><b>Grocery Store</b> with pre-packaged raw meat</p>
<p><b><u>High Risk</u></b>  <b>Category: 3</b></p> <p><b>Same Day Service or Complex Food Preparation</b></p> <p><b>Meat or Seafood Market</b></p> <p><b>Overnight Cooking</b></p> <p><b>Time as a Control</b></p> <p><b>Approved HACCP</b></p>	<p>Requires two routine inspections each year and one educational visit for consultation/training to discuss risk reduction techniques while verifying proper food handling, food source, food storage, and general cleanliness.</p> <p><i>Examples:</i>            Food Preparation Steps: Receive - Store - Prepare - Cook - Hold - Serve (or) Cool - Reheat - Hot Hold - Serve</p> <p>Food preparation includes cutting or processing raw Meat or Seafood products.</p> <p>Overnight cooking with approved HACCP plan</p> <p>Operation includes an approved HACCP plan.</p>	<p><b>Restaurant, Coffee Shop, Sandwich Shop, Tavern, Deli, Convenience Store, Bakery</b></p> <p>Cooking (exceptions as noted above)</p> <p>Cooling</p> <p>Reheating</p> <p>Hot Holding</p> <p>Overnight Cooking</p> <p>Vacuum Packaging</p> <p>Time as a Control</p> <p><b>Mobile Truck</b> - cooking and/or hot holding</p> <p><b>Meat or Seafood Market</b></p>

**Mobile Food Unit  
 Food Preparation Flow Chart**

List each menu item and check mark each food preparation step that will occur at the **commissary**:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion/p ackage	storage
Example: Clam Chowder		✓	✓	✓	✓				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

List each menu item and check mark each food preparation step that will occur on the **mobile food unit**:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
Example: Clam Chowder			✓	✓		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**NOTE:** If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate sheet.

**Use of Restroom Agreement**

All Food Establishments must provide restroom facilities for employees. This form shall be completed if you will be using restroom facilities that are owned by someone else.

Restroom facilities must be readily accessible within five hundred (500) feet of the food establishment during all times of operation. In addition, Mobile Food Units must also have access to restrooms if in any one location for more than one hour.

Indicate which of the following is available at the restroom location:

- Hot water at hand-wash sink(s) at or above 100 °F
- Hand soap
- Disposable hand towels or other acceptable hand drying device
- Required sign or poster which notifies food employees to “wash their hands” clearly visible
- Key accessibility to restroom (if applicable)
- Distance from food service to restroom shall be 500 feet or less
- If seating is provided, then a plumbed restroom allowing customer access must be available within 500 feet.

Restroom Accessibility Information: Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Hours of Operation: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 What retail/service activity takes place at this facility? \_\_\_\_\_

Mobile Unit/Food Vendor Information: Name of Business: \_\_\_\_\_  
 Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Days/Time at Restroom: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_  
 (Restroom Owner/Agent – Printed Name & Title)

\_\_\_\_\_  
 (Mobile/Vendor – Printed Name & Title)

\_\_\_\_\_  
 (Restroom Owner/Agent – Signature & Date)

\_\_\_\_\_  
 (Mobile/Vendor – Signature & Date)

This agreement between the owner/agent of the restroom and the owner/vendor of the food establishment signifies that both parties agree to the allowed use of the restroom facilities as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the restroom or food establishment or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King County Food Service Operators Permit may be suspended.**

**Notice to operators of Mobile Food Units**

**A copy of this completed Use of Restroom Agreement must be kept onboard the Mobile Food Unit.**

Available in alternative format upon request pursuant to ADA

**DISTRICT HEALTH CENTERS**

**DOWNTOWN**  
 401 5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
 Seattle, WA 98104  
 206-263-9566

**EASTGATE**  
 14350 S.E. Eastgate Way  
 Bellevue, WA 98007  
 206-477-8050