



## Yakima Health District

1210 Ahtanum Ridge Drive  
 Union Gap, Washington 98903  
 Phone (509) 575-4040  
 Fax (509) 575-7894  
<http://www.yakimahealthdistrict.org>

Date _____	Initial _____
Amt _____	Check# _____
Code _____	Rec# _____
Case # _____	
Status Updated <input type="checkbox"/>	

### FOOD SERVICE PERMIT APPLICATION

1. Complete the entire application. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
2. Remit fee with application to the Yakima Health District. (Application fee may not include plan review and pre-opening inspection fee for new establishments. *Application must be approved before beginning construction, operation, or implementing changes.*)
3. For annual operating permits, **if the annual operating permit has not been renewed within 10 calendar days of its expiration date, a late fee of \$60 will be assessed. Failure to pay your renewal will result in suspension of your food service permit.**
4. Make checks payable to: Yakima Health District.
5. If menu has changed please submit a revised menu.
6. For **New Food establishments and New Owners**, **REQUIRED** documents include:  
 Menu, Site Plan and Food Service Establishment Checklist along with application and fee.

**Check all that apply:**

Permit Renewal

New Applicant (New Case #)

Change of Ownership (New Case #)

> 10 days past due

Name of Establishment: \_\_\_\_\_ Previous Name \_\_\_\_\_

Parcel # \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ ( Directly Responsible for Establishment)

Owner (if different from applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Days/Hours: \_\_\_\_\_

If seasonal food service, please list months of operations: \_\_\_\_\_

Service and Fees			
Clearly mark your selection in the right column			
Level 1 Food Establishment NEW License (includes plan review, pre-opening inspection, prep time) NEW OWNER	\$261	H_HFD012 \$118, H_HFD023 \$22, H_HFD024 \$22, H_HFD015 \$99	
Level 1 Renewal	\$118	H_HFD025	
Level 2 Food Establishment NEW License (includes plan review, pre-opening inspection, prep time) NEW OWNER	\$486	H_HFD042 \$299, H_HFD040 \$44, H_HFD041 \$44, H_HFD039 \$99,	
Level 2 Renewal	\$299	H_HFD026	
Level3 Food Establishment NEW License (includes plan review, pre-opening inspection, prep time) NEW OWNER	\$662	H_HFD014 \$431 ,H_HFD044 \$66,H_HFD045 \$66, H_HFD043 \$99	
Level 3 Renewal	\$431	H_HFD027, \$431	
Catering (add to associated food establishment fee)	\$180	H_HFD006, \$180	
Multiple Food Service (includes level 3 plan review, level 3 pre-opening inspection, level 3 prep time)	\$861	H_HFD011 \$630, H_HFD045 \$66, H_HFD045 \$66, H_HFD043 \$99	
Multiple Food Service Renewal	\$630	H_HFD047 \$630	
Mobile Unit Level 2(includes plan review, pre-opening inspection, prep time)	\$615	H_HFD002 \$428, H_HFD039 \$99, H_HFD040 \$44, H_HFD041 \$44	
Mobile Unit 2 Renewal	\$428	H_HFD049 \$428	
Mobile Unit Level 3 (includes plan review, pre-opening inspection, prep time)	\$791	H_HFD004 \$560, H_HFD044 \$66, H_HFD045 \$66, H_HFD043 \$99	
Mobile Unit Level 3 Renewal	\$560	H_HFD050 \$560	
Late Fee Payment (when >10 days past expiration date)	\$60	H-HFD010 \$60	
Above fees are based on an average time estimate. If time commitment exceeds the built-in time allotment, the facility will be billed on an hourly rate of \$132/hr. H_HFD051			

My signature below attests to the accuracy of the information provided above. It denotes intent to comply with all applicable state and local regulations. It is my understanding that the permit is non-transferable. Failure to fully complete this form or pay the correct permit fee will result in it being returned to the applicant.

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