



## Yakima Health District

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Union Gap, Washington 98903  
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Fax (509) 575-7894  
<http://www.yakimahealthdistrict.org>

For Office Use Only

Case # \_\_\_\_\_

Date \_\_\_\_\_ Initial \_\_\_\_\_

Amt \_\_\_\_\_ Check# \_\_\_\_\_

Rec# \_\_\_\_\_

Status Updated

## FOOD AND BEVERAGE LICENSE APPLICATION/RENEWAL

Establishment Name: \_\_\_\_\_ Previous Name (if applicable): \_\_\_\_\_

Applicant Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

**NEW Food Establishments/Mobile Units must also submit a Plan Review Packet with this application.**

**Incomplete applications will NOT be accepted.**

Service and Fees Clearly mark your selection in the right column			
<b>Level 1 NEW Food Establishment</b>	<b>\$261</b>	H_HFD012 \$118, H_HFD023 \$22, H_HFD024 \$22, H_HFD015 \$99	
<b>Level 1 License or Renewal</b>	<b>\$118</b>	H_HFD025 \$118	
<b>Level 2 NEW Food Establishment</b>	<b>\$486</b>	H_HFD042 \$299, H_HFD040 \$44, H_HFD041 \$44, H_HFD039 \$99	
<b>Level 2 License or Renewal</b>	<b>\$299</b>	H_HFD026 \$299	
<b>Level 3 NEW Food Establishment</b>	<b>\$662</b>	H_HFD014 \$431, H_HFD044 \$66, H_HFD045 \$66, H_HFD043 \$99	
<b>Level 3 License or Renewal</b>	<b>\$431</b>	H_HFD027 \$431	
<b>Catering Endorsement (restaurant add-on)</b>	<b>\$180</b>	H_HFD006 \$180	
<b>Multiple Food Service NEW Establishment</b>	<b>\$861</b>	H_HFD011 \$630, H_HFD045 \$66, H_HFD045 \$66, H_HFD043 \$99	
<b>Multiple Food Service License or Renewal</b>	<b>\$630</b>	H_HFD047 \$630	
<b>NEW Mobile Unit Level 2</b>	<b>\$615</b>	H_HFD002 \$428, H_HFD039 \$99, H_HFD040 \$44, H_HFD041 \$44	
<b>Mobile Unit 2 License or Renewal</b>	<b>\$428</b>	H_HFD049 \$428	
<b>NEW Mobile Unit Level 3</b>	<b>\$791</b>	H_HFD004 \$560, H_HFD044 \$66, H_HFD045 \$66, H_HFD043 \$99	
<b>Mobile Unit Level 3 License or Renewal</b>	<b>\$560</b>	H_HFD050 \$560	
<b>NEW Owner</b>	<b>\$66</b>	H_HFD017 \$66	
<b>NEW Name</b>	<b>\$44</b>	H_HFD018 \$44	
<b>License Difference – Level 1 -&gt; Level 2</b>	<b>\$181</b>	H_HFD054 \$181	
<b>License Difference – Level 2 -&gt; Level 3</b>	<b>\$132</b>	H_HFD055 \$132	
<b>Plan Review (Level 1, Level 2, Level 3)</b>	<b>\$22-66</b>	H_HFD023 Level 1 \$22, H_HFD040 Level 2 \$44, H_HFD044 Level 3 \$66	
<b>Pre-opening Inspection (Level 1, Level 2, Level 3)</b>	<b>\$22-66</b>	H_HFD024 Level 1 \$22, H_HFD041 Level 2 \$44, H_HFD045 Level 3 \$66	
<b>Late Fee Payment</b>	<b>\$60</b>	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: \_\_\_\_\_