

Food Establishment Permit Application

This application is the final step in the new or remodeled establishment permitting process. Upon completion and submittal of this application, EH&S will review and furnish a risk based permit depending on the menu complexity detailed in the "Food Establishment Construction and Remodel Application."

<p>ESTABLISHMENT NAME AND ADDRESS _____ _____ _____ DEPARTMENT _____ Email ADDRESS _____ MAILING ADDRESS (if different from above) _____ _____ _____</p> <p>PLEASE RETURN COMPLETED FORM TO: 201 Hall Health Center Box 354400 Seattle, WA 98195 OR Fax to (206)616-3360</p>	<p>OFFICE USE ONLY</p> <p>Permit Record ID _____</p> <p>Circle One : Permit Type Red Yellow Purple</p> <p>Circle one: Approved Not approved</p>
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Note: Renewal permits are automatically mailed each year in June. If you do not receive a renewal application by July 1, please notify our office.

You are expected to report to EH&S any physical changes to the establishment and/or menu modifications. Violations of this agreement may result in business closures and/or delays.

Print _____ Sign _____ Date _____