



## Mobile Food & Beverage Service Application

Pacific County Department of Community Development

Internet Address: [www.co.pacific.wa.us/dcd](http://www.co.pacific.wa.us/dcd) Email Address: [dcd@co.pacific.wa.us](mailto:dcd@co.pacific.wa.us)

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A Mobile Food and Beverage License is an annual renewable license issued by Department of Community Development (DCD) to mobile food units within Pacific County. The enclosed application packet has been created to help you complete all requirements necessary to submit your application.

Before you apply, we recommend contacting the local building, planning, environmental health and/or the public sewer provider and public water purveyor for additional requirements. In addition, all occupied vehicles (commercial coaches, trucks, trailers) must obtain approval from Washington State Department of Labor and Industries (L&I) prior to applying. L&I regulations govern the safety of design and the installation of plumbing, heating and electrical equipment. Please visit L&I's website ([The L&I Food Trucks & Trailers](http://www.lni.wa.gov/food-trucks-trailers)) for further information. L&I does not determine the number or type of equipment you must install for food establishment approval. This is determined from the WA State Retail Food Code. Please contact a Food Inspector at one of the numbers below to determine your specific equipment needs.

As you prepare your application, please remember your attention to detail will assist staff in completing the review in a timely manner. It is important to make sure your plans are accurate, complete, and legible. To ensure that all necessary items have been provided in your application, please initial off each item from the checklist prior to submittal. This checklist must be completed and included with your application. Missing or incorrect information supplied on the application may result in additional fees and/or a delay in processing. Your completed application may be emailed to [dcd@co.pacific.wa.us](mailto:dcd@co.pacific.wa.us), mailed or submitted at one of our offices listed below. Payment may be paid at <https://www.co.pacific.wa.us/dcd/Point%20&%20Pay.htm>. Your application will not be considered complete or processed until payment has been made.

**Please allow at least two (2) weeks to complete the review process.**

Once the completed application is submitted to DCD, it will be processed then reviewed by a Pacific County Food Inspector. Notification will be sent informing you of any questions or issues that will need to be resolved. When the review process is complete, a Food Inspector will contact you to schedule the pre-opening inspection. The pre-opening inspection is required for both new mobile food units and changes of ownership. For new mobile food units, this inspection must occur before the mobile opens for business. We recommend scheduling the inspection at least four (4) days prior to the projected opening date, in the event that corrections need to be made. During the inspection, all equipment must be functioning and the mobile unit functional, although food doesn't need to be present. When the pre-opening inspection passes and all other requirements are in compliance, DCD will issue the Mobile Food & Beverage Service License. Depending on staffing/schedules, this may take up to 1-5 days.

If you have questions regarding this process, please contact our office at 360-642-9382 or 360-875-9356 or via email to [dcd@co.pacific.wa.us](mailto:dcd@co.pacific.wa.us).

**LONG BEACH OFFICE**  
7013 Sandridge Road  
Long Beach, WA 98631  
360-642-9382

**SOUTH BEND OFFICE**  
1216 W Robert Bush Drive  
PO Box 68  
South Bend, WA 98586  
360-875-9356

# Mobile Food Unit Fees

Fees are based on the type of food processes performed at the mobile food. The following is a guide to assist you in calculating the fees. Fees must be submitted with your application. Online payment can be made at: <https://www.co.pacific.wa.us/dcd/Point%20&%20Pay.htm>. Applications will not be accepted without payment.

Plan Review Fee
<p>A one-time Plan Review Fee of <b>\$255.00</b>, which includes the Application and Technology Fee, must be included with one (1) of the below Annual License Fees.</p> <p><b>Example:</b> A mobile unit who plans to hot hold food (level 2). Level 2 Annual License Fee \$220.00 + \$255.00 Plan Review = \$475.00 due with application.</p>

FOOD HANDLING PROCESS(ES)	ANNUAL LICENSE FEE Highest Level of Food Process(es) - Level 1, 2 or 3
<input type="checkbox"/> Cold Holding pre-packaged foods <input type="checkbox"/> Espresso drinks	LEVEL 1—\$120
Any of the items listed above plus: <input type="checkbox"/> Preparation of raw meats <input type="checkbox"/> Hot holding foods <input type="checkbox"/> Cooking/preparing foods	LEVEL 2—\$220
Any of the items listed above plus: <input type="checkbox"/> Cooling prepared foods <input type="checkbox"/> Reheating foods <input type="checkbox"/> Variance	LEVEL 3—\$320

Note: Cooling of food items is prohibited on mobile units without prior approval.

Fee Due for Application Submittal		
<input type="checkbox"/>	Plan Review: (Application & Technology Fee included)	\$255.00
<input type="checkbox"/>	Level 1:	\$120.00
<input type="checkbox"/>	Level 2:	\$220.00
<input type="checkbox"/>	Level 3:	\$320.00
	<b>Total Due:</b>	_____

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# Summary of Requirements for Mobile Food Units

The below chart was designed for a general overview of the requirements and basic types of food preparation allowed in each level. This chart is not all inclusive and the final determination of the level of the establishment and required equipment will be made by Pacific County DCD.

For the complete regulations, please see Chapter 246-215 WAC. A copy can be found at the Washington State Department of Health website at [www.doh.wa.gov](http://www.doh.wa.gov). Pacific County Ordinances and Resolutions can be found at [www.co.pacific.wa.us](http://www.co.pacific.wa.us).

<div>Facility Type →</div> <div>Requirements ↓</div>	<div>Level 1</div> <div>Allowed Activities:</div> <div>Cold Holding</div> <div>Espresso Stands</div> <div>No food preparation</div>	<div>Level 2</div> <div>Allowed Activities:</div> <div>Cold Holding</div> <div>Hot Holding</div> <div>No cooling</div>	<div>Level 3</div> <div>Allowed Activities:</div> <div>Cold/Hot Holding</div> <div>Cooling/Reheating</div> <div>No limitations*</div>
Food Establishment License	REQUIRED		
Food Worker Cards	Required**	Required for all employees (including permit holder/owner)	
Handwashing Sink(s)	REQUIRED		
Food Preparation Sink	Not Required	Dependent on type of food prep	Required
Dishwashing facilities	3 compartment sink required (even with dishwasher)***		
Mop Sink	REQUIRED		
Refrigeration	Must hold foods at 41°F or below <u>Level 3</u> : Glass door/sliding door refrigeration units not permitted for cooling of foods		
Cooking Equipment	Espresso machines only	Must be NSF or equivalent commercial grade	
Hot Holding Equipment	NOT ALLOWED	Must hold foods at 135°F or above	
Structural/Surfaces	<u>All Surfaces</u> : smooth, non-absorbent, easy to clean, non-toxic <u>Food Contact Surfaces</u> : Stainless steel, hard plastic, plastic laminates, hard wood <u>Structural</u> : No gaps, openings, holes to allow pest entry; Screens installed at windows and doors		
Restroom Facilities	A mobile food unit parked at the same location for more than one (1) hour and/or one that provides for on-site food consumption, must have restroom facilities within 500 ft of the unit. Restroom facilities must have warm potable water, soap, and single-use paper towels available.		
Wastewater	Must be able to store liquid waste in a wastewater retention tank that has at least 15% more capacity than the water supply tank. Wastewater must be retained on the unit until disposed of in an approved way or connection to an approved wastewater disposal system.		
Water Source	Must be supplied from an approved source. A supply tank of at least 5 gallons is required or connection to an approved water system.		
Garbage Service	Proof of garbage service may include monthly submittal of dump slips if not on a regular schedule		

\*Written approval for some processes may be required prior to starting food service.

\*\*Not required for establishments that only have prepackaged, cold held foods, i.e. milk.

\*\*\*Requirement can be waived or modified if washing takes place at commissary area under approved plan.

**Note:** Cooling of food items is prohibited on mobile units without prior approval.



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Initials*	Mobile Food Unit Checklist	Office Use
	<b>Mobile Food and Beverage Service Application</b> - Complete and Submit	
	<b>Plan Review</b> - Complete and Submit the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Menu with food preparation steps</li> <li><input type="checkbox"/> Floor plan - A detailed drawing to scale of the layout of the mobile food unit</li> <li><input type="checkbox"/> Equipment list and specifications</li> <li><input type="checkbox"/> Specifications of the on-board plumbing</li> <li><input type="checkbox"/> Finish schedule</li> <li><input type="checkbox"/> Operating procedures</li> <li><input type="checkbox"/> Cleaning schedule</li> </ul>	
	<b>Site Plan</b> - Required for each proposed service area. All site plans shall be clearly and accurately drawn to scale on paper no larger than 11"x17" showing the property lines and dimensions, proposed location of the mobile food unit, north arrow, restrooms facilities, parking, existing improvements, parking and any existing or proposed signage.	
	<b>WA State Labor &amp; Industries</b> - L&I approval is required for mobile food units. Proof of L&I approval designated by a metal tag on the unit is required. A picture of the metal tag must be included with your application. For questions regarding L&I approval, please contact at <a href="mailto:FAS1@lni.wa.gov">FAS1@lni.wa.gov</a> or 1-800-705-1411 Option 3.	
	<b>Signed Restroom Agreement</b> - A mobile food unit parked at the same location for more than one (1) hour must provide employees with restroom facilities within 500 ft of the unit and accessible during all hours of operation. If on-site food consumption is provided for, customers must have access to restroom facilities. Customers are not allowed in food preparation areas or unpackage food storage areas. Restroom facilities must have warm running water, soap, and single-use paper towels.	
	<b>Sale Location/Schedule</b> - Use the site location/schedule form provided if the mobile will be at more than one (1) location. Provide the address of each location(s) where the mobile food unit will park and schedule with times and days of week when operating.	
	<b>Water Source</b> - A signed water availability form. Water source must be supplied from an approved source (public water system or a group A/B registered well). Supply tank of at least 5 gallons is required if the mobile unit is not connected to a public water source. Supply tank must be filled from an approved water source.	
	<b>Wastewater Disposal</b> - Signed Sewer Availability Form or Operational Permit Application. The mobile unit must be connected to public sewer or an approved on-site septic system that is designed to accommodate the addition wastewater. If wastewater is held in a retention tank, the tank must have at least 15% more capacity than the water supply tank and must be retained on the unit until disposed of in an approved way.	
	<b>Commissary or Servicing Area</b> - Provide a signed Commissary/Servicing Area Agreement or Exemption Form. A commissary/serving area is required unless you meet ALL the exemption requirements. <ul style="list-style-type: none"> <li>• Commissary - A mobile food unit must operate DAILY from an approved commissary or servicing area and shall return to such location for supplies, thorough cleaning, and other approved food service activities as noted in the operating procedure, unless approved for exemption under RCW 43.20.148 or at a frequency approved under WAC 246-215-09100(3). Commissary or Servicing Area Agreement</li> <li>• Exemption (self-contained) - A mobile food unit may be self-contained and can operate without the use of a commissary kitchen/service area provided all requirements are met on the Commissary Exemption Form.</li> </ul>	
	<b>Other Jurisdictions and Government Agencies</b> - The applicant/owner has contacted other applicable government agencies to obtain approval to operate. Written permission to operate by other government agencies is often determined by site location, cooking methods, size of unit or other additional requirements needing approval. Such agencies may include, but not limited to, county and/or city officials for planning, zoning, building, fire, or permitting.	
	<b>Food Handlers Card</b> - Include a copy of all food handlers cards.	
	<b>Pictures of Mobile Unit</b> - Include pictures of the exterior (front, back, and sides) and interior.	
	<b>Mobile Food Unit Checklist</b> —This checklist must be completed and submitted with your application.	

\*By initialing you are indicating this has been completed and meets all necessary requirements.



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Type of Application (Check all that applies):	FOR OFFICE USE ONLY
<input type="checkbox"/> New Establishment (closed less than 12 months)	Application No.:
<input type="checkbox"/> New Establishment (closed 12+ months)	License No.:
<input type="checkbox"/> Change of Ownership - <i>Change in Menu/Food Processes?</i> Yes No	
<input type="checkbox"/> Menu Alteration	
<input type="checkbox"/> Remodel or Level Increase	
<b>Type of Mobile Food Unit:</b>	
<input type="checkbox"/> Pushcart	
<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Trailer	
<input type="checkbox"/> Other: _____	
<b>BUSINESS OWNER INFORMATION</b>	
Owner Name:	
Mailing Address:	
City/State/Zip:	
Phone:	Email:
State Business License/UBI No.:	
<b>MOBILE FOOD UNIT INFORMATION</b>	
Mobile Food Unit Name:	
Mailing Address:	
City/State/Zip:	
Phone:	Email:
VIN No.:	
Do you have L&I approval? <input type="checkbox"/> Yes (If yes, include a picture of your L&I metal tag) <input type="checkbox"/> No	

By signing below, you understand the mobile food unit cannot operate until you have received written approval from Pacific County DCD, obtained all other necessary permits and approvals, and have been inspected and approved by all applicable city, county and state agencies. Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Retail Food Code. Changes to the menu, equipment, or food processes must be reviewed and approved and additional paperwork and fees may be required. The annual license to operate expires December 31st of each year. A completed renewal and permit fees must be received by December 31st of each year or late fees will be assessed and the mobile food unit may be closed for operating without a license.

Printed Name:	
Authorized Signature:	Date:



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**This application form must be completed for each service site.**

### PROPERTY INFORMATION

Tax Parcel ID No.:

Site Address

Property Owner Name:

Mailing Address:

City/State/Zip:

Phone:

Email:

### GARBAGE DISPOSAL

☐ Self-Haul location: \_\_\_\_\_ ☐ Name of Service Provider: \_\_\_\_\_ ☐ Commissary / Service Area

### WASTEWATER DISPOSAL INFORMATION

☐ Name of Public Sewer System: \_\_\_\_\_ ☐ Commissary/ Service Area

☐ On-Site Septic System (OSS) - Operational Permit Application Required. Operational Permits are required for all establishments served by an OSS. Operation and Maintenance (O&M) inspections are required at least every three (3) years or as determined by system type/status).

### WATER SOURCE

☐ System Name or Well ID#:

☐ Municipality/Water District Name:

### ON-SITE FOOD CONSUMPTION

Do you provide for on-site food consumption? ☐ Yes. *If yes, you must provide restroom facilities for your customers.* ☐ No

### OPERATING SCHEDULE

Summer Hours _____ (example 9:00 am - 3:30 pm)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Winter Hours _____ (example 9:00 am - 3:30 pm)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

**Other Jurisdictions and Government Agencies** - The applicant/owner must contact other applicable government agencies to obtain approval to operate. Written permission to operate by other government agencies is often determined by site location, cooking methods, size of unit or other additional requirements needing approval. Such agencies may include, but not limited to, county and/or city officials for planning, zoning, building, fire, or permitting.

☐ **Approval from the City Building Department** Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Approval from the City Planning Department** Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Approval from City Fire Marshal** Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Other:** \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: _____	
Authorized Signature: _____	Date: _____



## Mobile Food & Beverage Service Establishment Application

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### Mobile Food Unit Restroom Agreement

**A separate agreement will be required for each service site or if hours of operation are covered by multiple restroom agreements.**

A mobile food unit parked at the same location for more than one hour and/or one that provides for on-site food consumption, must have restroom facilities within 500 feet of the unit. Restroom facilities must have warm running water, soap, and single-use paper towels available. Both the employees and customers (if applicable) must have access to restrooms during all hours of operation, including any set up times. Failure to have access to restroom facilities may result in the suspension of your Mobile Food Unit License. Please respond to the following questions below:

1. Is your mobile unit at the same location for more than one hour ☐ Yes ☐ No

2. Is on-site food consumption provided ☐ Yes ☐ No

If your answer is **YES** to one (1) or both of the above questions, then the mobile food unit owner must obtain authorization from a nearby business or facility to have access to their restroom(s).

#### Mobile Food Unit:

Mobile Food Unit Name: \_\_\_\_\_

Mobile Food Unit Site Location: \_\_\_\_\_

Hours/Days of Operation (at above location): \_\_\_\_\_

#### Restroom Facility Location:

Business Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Business Hours/Days: \_\_\_\_\_

Approximate distance from mobile food unit to business (feet): \_\_\_\_\_

Do customers of the mobile unit have permission to access these restrooms: ☐ Yes ☐ No

#### Authorization to Use Restroom Facilities:

\_\_\_\_\_  
(Printed name of Person authorizing Mobile Food Unit to utilize restroom facilities)

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

\_\_\_\_\_  
(Signed name of Person authorizing Mobile Food Unit to utilize restroom facilities)

\_\_\_\_\_  
(Printed name of Mobile Food Unit Owner)

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

\_\_\_\_\_  
(Signature of Mobile Food Unit Owner)

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### Mobile Food Unit Commissary / Service Agreement

This form is to be completed when the owner of the commissary (i.e. food establishment) or servicing area (i.e. approved business) agrees to provide specific services to support a mobile food unit operation. This agreement between the commissary or servicing area owner and the mobile unit owner signifies that both parties agree that the following services shall be provided.

The Mobile Food Unit owner shall document presence at the commissary/servicing area on a log, maintain records for one (1) year, and shall make the records available for inspection by Pacific County DCD upon request.

Mobile Food Unit Name: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Time and Days at Commissary / Serving Area: \_\_\_\_\_

Commissary / Service Area Business Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Commissary/Servicing Area Operation Hours and Days: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved Water Source ☐ Yes ☐ No

Approved Waste Water Disposal ☐ Yes ☐ No

Garbage/Trash Disposal ☐ Yes ☐ No

Dry Storage Space (adequate shelving provided) ☐ Yes ☐ No

Commercial Refrigeration (adequate shelving provided) ☐ Yes ☐ No

Ice Machine Availability ☐ Yes ☐ No

Food Preparation Sink Availability (with air gap) ☐ Yes ☐ No

Three Compartment Sink or Dishwasher Availability ☐ Yes ☐ No

Mop Sink Availability ☐ Yes ☐ No

Restroom Availability ☐ Yes ☐ No

Mobile Food Unit Storage Availability ☐ Yes ☐ No

After-hours accessibility (entrance key provided) ☐ Yes ☐ No

Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of Mobile Food Unit Food and Beverage Service License issued by Pacific County.** This suspension is effective until a new agreement is provided and approved by Pacific County DCD.

\_\_\_\_\_  
(Printed name of Commissary/Servicing Area Owner)

\_\_\_\_\_  
(Signature of Commissary/Servicing Area Owner)

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

\_\_\_\_\_  
(Printed name of Mobile Food Unit Owner)

\_\_\_\_\_  
(Signature of Mobile Food Unit Owner)

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





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### Mobile Food Unit Commissary / Service Exemption Application

A mobile food unit that's self-contained and can operate without the use of a commissary kitchen or service area may apply for an exemption from commissary/service requirements if **ALL** requirements can be met.

If your proposal to operate without a commissary kitchen is accepted, you will still be required to obtain potable water and to dispose of wastewater at an approved servicing area, unless connected to public services. Complete the following sections of the proposal to operate without a commissary kitchen.

**Mobile Food Unit Name:** \_\_\_\_\_

**Owner/Operator Name:** \_\_\_\_\_

The mobile contains all equipment and utensils needed for complete onboard preparation of an approved menu; ☐ Yes ☐ No

The mobile is protected from environmental contamination when not in use; ☐ Yes ☐ No

The mobile can maintain required food storage temperatures during storage, preparation, service, and transit; ☐ Yes ☐ No

The mobile has a dedicated handwashing sink; ☐ Yes ☐ No

The mobile has adequate water capacity and warewashing facilities to clean all equipment; ☐ Yes ☐ No

The mobile is able to store tools onboard needed for cleaning and sanitizing; ☐ Yes ☐ No

All food, water, and ice used is prepared onboard or otherwise obtained from approved sources; ☐ Yes ☐ No

Wastewater and garbage is sanitarily removed from the unit following an approved plan or by a licensed service provider. ☐ Yes ☐ No

If you have answered **NO** to any of the above questions, you do not qualify for an exemption and must complete the commissary/serving area agreement form.

\_\_\_\_\_  
(Printed name of Mobile Food Unit Owner)

\_\_\_\_\_  
(Signature of Mobile Food Unit Owner)

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

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### Mobile Food Unit Finish Schedule

Floors, coving, walls and ceilings must be smooth, impervious, non-absorbent, and easily cleanable. Coved floor-wall junctures (i.e. baseboards) with a minimum of four-inches must be provided. Please complete the chart below and include all rooms or areas used for food preparation and storage. Include restrooms. Attach additional pages as needed.

**Check each box below to indicate your mobile food unit meets the requirements.**

Requirements:

- ☐ All bare wood surfaces (doors, trim, counters, shelves, cabinets, etc.) must be painted or sealed.
- ☐ Floors must be constructed of smooth, easily cleanable, durable, and non-absorbent material.
- ☐ Walls must be constructed of smooth, easily cleanable, durable and non-absorbent materials. Water-proof material is recommended on surfaces exposed to moisture.
- ☐ Ceilings must be constructed of smooth, easily cleanable, durable, and non-absorbent materials.
- ☐ All light fixtures must have light covers, sleeves and endcaps, or shatterproof bulbs.

Room or Food Area	Floors: Finish Material	Coving	Walls: Finish Material	Ceiling: Finish Material
<u><b>Example:</b></u> Restrooms	Ceramic Tile	Rubber Base 4"	White Fiberglass Reinforced Panels (FRP)	Stainless Steel
Kitchen/Food Preparation				
Dishwashing Area				
Dry Storage				
Service Counter Area				

	Refrigerators	Dry Storage	Under Counters	Other	Other
Shelving					

Describe Lighting:	
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### Mobile Food Unit Operating Procedures

The following information is required to provide an outline of the mobile unit's daily and routine activities as they relate to the operation and maintenance of the mobile unit. Please ensure that you provide detailed procedures for each item. You may use the space provided below but it is highly encouraged to attach additional sheets of paper for more space and legibility.

1. Describe how often food deliveries will be made to support the MFU.
2. Describe how food will be transported from the source to the MFU or commissary.
3. Preloading time of the MFU at the commissary (example: 9:00 – 9:30am).
4. Describe how and when the MFU will be moved.
5. Source and availability of power supply for the MFU during operation.
6. Details of food preparation and food storage at the commissary (thawing, produce washing, cooking, cooling, etc.)
7. Details of food preparation in the MFU (reheating, hot holding, etc.).
8. Identify what will be cleaned and sanitized on the MFU and what will be cleaned and sanitized at the commissary/servicing area.
9. Provide how and when the MFU will be cleaned and sanitized.
10. Describe how and where fresh water tanks will be filled.
11. Describe how and where wastewater tanks will be emptied.
12. What happens to food items (cooked or not) at the end of the day?
13. Outline closing procedures for the MFU including:
  - a. Time returning to the commissary
  - b. Unloading
  - c. Solid waste removal
  - d. Storage of supplies
  - e. Cleaning and maintenance of fresh water and wastewater tanks
14. Where will the MFU be parked or stored while not in service?

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A cleaning schedule is required per the WA State Retail Food Code. The cleaning schedule must describe the procedures used to clean utensils, equipment, fresh water tanks, and interior surfaces of the mobile unit. If applicable, further information on when a mobile is taken to a commissary for restocking and cleaning may be required. The schedule must specify the frequency of cleaning, the persons responsible, the method of cleaning, the amount and type of chemical to be used and precautions to be taken (i.e. protective clothing).

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## METHOD OF FOOD PREPARATION

List all food items that will be cooked and/or cooled or hot held and any menu items that contain potentially hazardous foods. List similar items together (cold sandwiches, burgers, soups with the same preparation methods, etc). Initial any additional pages.

A complete menu should be included with the application.

**Note: Cooling of food items is prohibited on mobile units without prior approval.**

**1. MENU ITEM:** \_\_\_\_\_ ☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

\_\_\_\_\_  
☐ Hot Held

\_\_\_\_\_  
☐ Cooled

**2. MENU ITEM:** \_\_\_\_\_ ☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

\_\_\_\_\_  
☐ Hot Held

\_\_\_\_\_  
☐ Cooled

**3. MENU ITEM:** \_\_\_\_\_ ☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

\_\_\_\_\_  
☐ Hot Held

\_\_\_\_\_  
☐ Cooled

**4. MENU ITEM:** \_\_\_\_\_ ☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

\_\_\_\_\_  
☐ Hot Held

\_\_\_\_\_  
☐ Cooled

**5. MENU ITEM:** \_\_\_\_\_ ☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

\_\_\_\_\_  
☐ Hot Held

\_\_\_\_\_  
☐ Cooled

**6. MENU ITEM:** \_\_\_\_\_ ☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

\_\_\_\_\_  
☐ Hot Held

\_\_\_\_\_  
☐ Cooled

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## METHOD OF FOOD PREPARATION con't.

7. MENU ITEM: \_\_\_\_\_

List how food will be cooled, the raw or undercooked ingredients

\_\_\_\_\_  
\_\_\_\_\_

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

8. MENU ITEM: \_\_\_\_\_

List how food will be cooled, the raw or undercooked ingredients

\_\_\_\_\_  
\_\_\_\_\_

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

9. MENU ITEM: \_\_\_\_\_

List how food will be cooled, the raw or undercooked ingredients

\_\_\_\_\_  
\_\_\_\_\_

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

10. MENU ITEM: \_\_\_\_\_

List how food will be cooled, the raw or undercooked ingredients

\_\_\_\_\_  
\_\_\_\_\_

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

11. MENU ITEM: \_\_\_\_\_

List how food will be cooled, the raw or undercooked ingredients

\_\_\_\_\_  
\_\_\_\_\_

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

12. MENU ITEM: \_\_\_\_\_

List how food will be cooled, the raw or undercooked ingredients

\_\_\_\_\_  
\_\_\_\_\_

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

13. MENU ITEM: \_\_\_\_\_

List how food will be cooled, the raw or undercooked ingredients

\_\_\_\_\_  
\_\_\_\_\_

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

Initials \_\_\_\_\_

## FLOOR PLAN

A detailed drawing to scale of the layout of the mobile food unit including identification and location of the following:

- ☐ Equipment (stove, steamtable, refrigeration)
- ☐ Power sources (generator, LP gas containers, batteries)
- ☐ Water (fresh and gray water tanks, plumbing fixtures, sinks)
- ☐ Doors, windows
- ☐ Counters, storage
- ☐ Other features available for the food establishment

**Mobile Food Unit.:** \_\_\_\_\_

Scale 1" = \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

[illegible]This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The margins are consistent on all sides, and there are no markings or text on the paper.



## SITE PLAN

A detailed site plan is required for each proposed service site. All site plans shall be clearing and accurately drawn to scale on paper no larger than 11" x 17" showing the following:

**Mobile Food Unit.:** \_\_\_\_\_

Scale 1" = \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

- ☐ Property lines and dimensions
- ☐ Proposed location of the mobile food unit
- ☐ North Arrow
- ☐ Restroom Facilities
- ☐ Parking
- ☐ Any existing or proposed signage

[illegible]



# Active Managerial Control & Certified Manager

The person in charge (PIC) of a food establishment must demonstrate Active Managerial Control (AMC) and ensure all food workers routinely follow safe food handling practices to reduce the risk of foodborne illness. A PIC with AMC ensures food employees are trained to safely complete their task, verifies procedures are properly completed, identifies and corrects food safety risks, and properly prepares for and responds to emergencies. **Review your inspection reports, third-party audits, internal observations, and this document to help determine your level of Active Managerial Control.**

While every PIC must maintain AMC, most establishments are also required to have at least one employee with a Certified Food Protection Manager (CFPM) certificate (WAC 246-215-02107). **The CFPM does not need to be on premises but is expected to have a key role in ensuring food safety.** The CFPM must make sure persons in charge are properly trained, procedures are developed, and food safety requirements are understood and followed. If able to ensure requirements are met, a person may be the CFPM for multiple establishments, such as at a restaurant or store with several locations.

**Note:** Use this document to help your establishment maintain AMC. Be sure to work with your [local health jurisdiction](http://www.doh.wa.gov/localhealth) ([www.doh.wa.gov/localhealth](http://www.doh.wa.gov/localhealth)) for any additional information or approvals as needed.

## Section 1: Food Establishment Information

<b>Establishment Name</b>	<b>Phone</b>
<b>Contact Name</b>	<b>Title / Position</b>

## Section 2: Common Procedures that Apply to Food Establishments

<input checked="" type="checkbox"/>	Are you confident your staff complete these processes following proper food safety procedures? If not, it's time to determine your policy, develop a procedure, and train or retrain staff.
-------------------------------------	--

Health & Hygiene	Temperature Control	Contamination Prevention
<input type="checkbox"/> Handwashing	<input type="checkbox"/> Using a Thermometer	<input type="checkbox"/> Produce Washing
<input type="checkbox"/> Utensil Use	<input type="checkbox"/> Cooking	<input type="checkbox"/> Raw Meat Separation
<input type="checkbox"/> Illness Symptoms	<input type="checkbox"/> Hot Holding	<input type="checkbox"/> Cleaning & Sanitizing
<input type="checkbox"/> Illness Reporting	<input type="checkbox"/> Cooling	<input type="checkbox"/> Allergen Awareness
<input type="checkbox"/> Cold Holding	<input type="checkbox"/> Thawing	
	<input type="checkbox"/> Receiving Food	
	<input type="checkbox"/> Date Marking	

## Section 3: Required Written Procedures

While most policies and procedures may be verbal, the following procedures must be written and approved if conducted by the establishment. *Note: All food establishments must have a written vomit and diarrhea clean-up plan.*

### Processes Requiring Written Procedures

- Vomit and diarrhea clean-up plan
- Refilling reusable containers
- Allowing pet dogs in outdoor areas
- Noncontinuous or unattended cooking
- Bare Hand Contact – Alternate procedure with written ill employee policy
- Time as a Public Health Control

### Complex Processes Requiring Variance or HACCP Plan

- Packaging juice
- Food preservation (such as curing, smoking, or acidifying)
- Reduced oxygen/vacuum packaging
- Molluscan shellfish life support tank
- Custom processing of animals
- Sprouting seeds or beans
- Unique food handling, such as fermentation

## Section 4: Establishments Exempt from Certified Food Protection Manager Requirement

Food establishments with a low risk of foodborne illness due to limited food handling, low volume of food handled, and population served are encouraged, but not required, to have a Certified Food Protection Manager.

**Establishments considered low risk and exempt from the CFPM requirement include the following operations:**

- **Serve or sell only pre-packaged foods**, including cold holding TCS foods such as gallons of milk
- **Prepare non-TCS foods**, such as making cinnamon rolls, candy, doughnuts, pretzels, or blended syrup drinks
- **Heat only commercially-processed, ready-to-eat foods**, including lattes and hot holding TCS foods such as hot dogs
- **Serve food on an infrequent, temporary basis at short-term events**, such as fairs and festivals

These establishments traditionally include convenience stores, movie theaters, hot dog carts, coffee kiosks, cinnamon roll and pretzel stands, ice cream shops, and temporary food booths.

**All other establishments must have at least one employee with a valid, nationally accredited CFPM certificate.** These establishments prepare raw animal products, wash raw produce, cool time/temperature control for safety (TCS) foods, use specialized processes, operate a facility that serves a highly susceptible population, or have other increased potential risk of foodborne illness.



# Active Managerial Control & Certified Manager

## Section 5: Duties of the Certified Food Protection Manager

<input type="checkbox"/>	Have a valid certificate from an accredited program (see below). CFPM certificates are valid for 5 years. The CFPM certificate is different than the Washington State Food Worker Card which is required for all food workers.
<input type="checkbox"/>	Ensure required procedures and plans (such as for vomit and diarrhea clean-up) are current and implemented.
<input type="checkbox"/>	Ensure each person in charge is trained and has the knowledge required in WAC 246-215-02105, such as: <ul style="list-style-type: none"><li>• Understand the causes and prevention of foodborne illness</li><li>• Understand cross contamination prevention, proper sanitation, and control of food allergens</li><li>• Know required food safety temperatures for receiving, storage, cooking, and cooling</li><li>• Know how to respond to emergencies, imminent health hazards, or reports of foodborne illness</li></ul>
<input type="checkbox"/>	Ensure each person in charge can maintain Active Managerial Control required in WAC 246-215-02115, such as: <ul style="list-style-type: none"><li>• Food workers are properly trained and following food safety requirements for their tasks</li><li>• Food workers only work when healthy, properly wash hands, and prevent bare hand contact with food</li><li>• Food workers monitor food temperatures and ensure foods are cooked and cooled correctly</li><li>• Food is from approved sources and stored correctly to prevent contamination</li></ul>

## Section 6: Accredited Food Protection Manager Certification Providers

Learn more and view the most current list of CFPM providers at [anabpd.ansi.org](http://anabpd.ansi.org). (Search for "ANSI Food Protection Manager")

Company Name	Training Available	Additional Testing Languages	Testing Options
1 AAA Food Handler	<input checked="" type="checkbox"/> Online (self-paced) <i>English, Spanish</i>	<input checked="" type="checkbox"/> Spanish	<input checked="" type="checkbox"/> Online proctor
Learn2Serve 360training.com	<input checked="" type="checkbox"/> Online (self-paced)	n/a	<input checked="" type="checkbox"/> Online proctor
AboveTraining/StateFood Safety.com	<input checked="" type="checkbox"/> Online (self-paced) <i>English, Spanish, Chinese, Vietnamese</i>	<input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Chinese	<input checked="" type="checkbox"/> Local testing center <input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor
National Registry of Food Safety Professionals	<input checked="" type="checkbox"/> Self-study manual <i>English, Spanish</i> <input checked="" type="checkbox"/> In-person trainer	<input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Chinese <input checked="" type="checkbox"/> Korean	<input checked="" type="checkbox"/> Local testing center <input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor
National Restaurant Association, ServSafe	<input checked="" type="checkbox"/> Online(self-paced) <i>English, Spanish</i> <input checked="" type="checkbox"/> Self-study manual <i>English, Spanish, Chinese, Korean</i> <input checked="" type="checkbox"/> In-person trainer	<input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Chinese <i>In-person also available in:</i> <input checked="" type="checkbox"/> Korean <input checked="" type="checkbox"/> French Canadian <input checked="" type="checkbox"/> Japanese	<input checked="" type="checkbox"/> Local testing center <input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor <input checked="" type="checkbox"/> Accommodation available for additional languages
Responsible Training / Safeway Certifications, LLC	<input checked="" type="checkbox"/> Online <i>English</i>	n/a	<input checked="" type="checkbox"/> Online proctor
The Always Food Safe Company, LLC	<input checked="" type="checkbox"/> Online (self-paced) <i>English</i>	<input checked="" type="checkbox"/> Spanish	<input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor

## Section 7: Certified Food Protection Manager Maintenance

<input type="checkbox"/>	Ensure at least one employee has a current CFPM certificate. Renew certificate every five years.
<input type="checkbox"/>	Make sure CFPM monitors procedures and staff training to maintain food safety requirements.
<input type="checkbox"/>	Have copy of CFPM certificate available. Replace CFPM within 60 days if certified employee leaves employment.

## Section 8: Signature

Signature	Date	Printed Name	Phone
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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



# Toolkit: Vomit and Diarrhea Clean-up Plan

The following procedures address how employees must minimize the spread of contamination when cleaning up vomit and diarrhea. These procedures will limit the risk to employees, consumers, food, and surfaces in the food establishment. Staff must be trained on your clean-up plan and your plan must also be available for review by your regulatory authority (WAC 246-215-02500). Ensure all supplies are available to properly implement the procedure. **Adjust this document to fit your establishment.**

## Section 1: Food Establishment Information

<b>Establishment Name</b>		<b>Phone</b> (xxx) xxx-xxxx	
<b>Street (Physical Address)</b>	<b>City</b>	<b>ZIP</b>	<b>Email</b>
<b>Contact Name</b>		<b>Title / Position</b>	

## Section 2: Clean-Up Plan Checklist

<input checked="" type="checkbox"/>	<b>Every food establishment must have a written clean-up plan that protects consumers, food, employees, and surfaces. Include the following items in your clean-up plan (modify as needed to fit your business):</b>
<input type="checkbox"/>	<b>Protect Consumers</b> <ul style="list-style-type: none"><li>• Move guests from the contaminated area.</li><li>• Block off areas within 25 feet of the contaminated area until the area is properly cleaned and disinfected.</li><li>• Do not reseal guests within 25 feet of the contaminated area until the area is properly cleaned and disinfected.</li><li>• Other:</li></ul>
<input type="checkbox"/>	<b>Protect Food</b> <ul style="list-style-type: none"><li>• Discard uncovered food or single-service items in the contaminated area</li><li>• Wash all utensils and equipment within a 25-foot radius of the vomit or diarrheal event</li><li>• Discontinue food service within a 25-foot radius of the contaminated area until all utensils, equipment, and surfaces have been cleaned and disinfected.</li><li>• Other:</li></ul>
<input type="checkbox"/>	<b>Protect Employees</b> <ul style="list-style-type: none"><li>• Any ill food workers/employees must be sent home immediately. Food workers may not return to work until their symptoms have resolved for at least 24 hours.</li><li>• Only trained staff should be assigned clean-up and disinfection tasks.</li><li>• Wear protective equipment such as gloves, apron, and goggles when responding to vomit or diarrhea incidents.</li><li>• Workers must wash hands after clean-up is completed.</li><li>• <b>Staff involved with clean-up should not return to food handling until able to shower and change clothes.</b></li><li>• Remind employees to report symptoms or diagnosed illnesses to the Person in Charge. Symptoms include vomiting, diarrhea, sore throat with fever, jaundice (yellowing), and infected cuts on the hands. Reportable illnesses include <i>E. coli</i>, <i>Salmonella</i>, hepatitis A, <i>Shigella</i>, and norovirus.</li><li>• Other:</li></ul>
<input type="checkbox"/>	<b>Protect Surfaces</b> <ul style="list-style-type: none"><li>• Use disposable absorbent material like baking soda or kitty litter to soak up visible vomit or diarrhea. Scrape material into trash bag.</li><li>• Clean and disinfect surfaces such as tabletops, doorknobs, and chairs within a 25-foot radius around the contaminated area.</li><li>• Bag, seal, and discard all disposable cleaning equipment (scoops, mop heads, gloves, towels) before leaving the contaminated area.</li><li>• Block off and schedule steam cleaning for contaminated fabric surfaces that cannot adequately be disinfected.</li><li>• Clean and disinfect reusable clean-up equipment in an area not used for food preparation.</li><li>• Other:</li></ul>



# Toolkit: Vomit and Diarrhea Clean-up Plan

## Section 3: Identify Surfaces & Assemble A Clean-Up Kit

**Surfaces:** Identify surfaces in the food establishment that will need disinfection to ensure staff are trained and the planned disinfectant is labeled for the surface (check all surfaces in the establishment):

- ☐ **Hard, non-porous** (tile, vinyl, sealed concrete, stainless steel): Follow 'non-porous' directions on disinfectant label.
- ☐ **Porous** (unsealed concrete, wood): Follow 'porous' disinfection directions on label.
- ☐ **Carpet and upholstery:** Close area and steam clean if unable to use disinfectant.
- ☐ **Linens and clothing:** Machine wash and dry hot; use chlorine bleach if possible.
- ☐ **Grass and outdoor concrete:** Block access; use absorbent material on spill; scrape into bag; rinse area with water.
- ☐ Other: \_\_\_\_\_

**Clean-Up Kit:** Identify items available for clean-up in the food establishment (check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Disposable masks  | <input type="checkbox"/> Absorbent material<br>(baking soda, kitty litter) | <input type="checkbox"/> Disposable mop head<br>(no vacuum) | Other tools:<br><input type="checkbox"/> |
| <input type="checkbox"/> Disposable gloves | <input type="checkbox"/> Disposable scoop/paper plates                     | <input type="checkbox"/> Mop bucket/hot water               | <input type="checkbox"/>                 |
| <input type="checkbox"/> Disposable aprons | <input type="checkbox"/> Garbage bags                                      | <input type="checkbox"/> Caution tape or signs              | <input type="checkbox"/>                 |
| <input type="checkbox"/> Goggles           | <input type="checkbox"/> Disposable paper towels/cloths                    | <input type="checkbox"/> Soap                               |  |

**Disinfectant:** Detail how to make and use the disinfectant (reference product label):

EPA-Registered Disinfectant Name: ☐ Bleach or ☐ Other:

Amount of disinfectant: \_\_\_\_\_

Amount of water: \_\_\_\_\_

Contact time: \_\_\_\_\_

Instructions: \_\_\_\_\_

Location of the kit: \_\_\_\_\_

Location of the utility sink to clean reusable tools: \_\_\_\_\_

*Note: Tools used to clean up vomit and diarrhea should not be stored or cleaned in the kitchen if possible.*

## Section 4: Employee Training

**Employee Training:** Employees must be properly trained in advance. Select all that apply.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | How are employees trained?<br><input type="checkbox"/> Read and sign the plan <input type="checkbox"/> Kit demonstration <input type="checkbox"/> Other:               |
| <input type="checkbox"/> | How often are employees trained?<br><input type="checkbox"/> Once <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: |

**Worker Assignments:** Assign non-food workers clean-up duties when possible. Select all that apply.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Who should be notified if a vomit or diarrhea event occurs?<br><input type="checkbox"/> Manager <input type="checkbox"/> Janitor <input type="checkbox"/> Server <input type="checkbox"/> Cook <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | Who is responsible for cleaning vomit and diarrhea events?<br><input type="checkbox"/> Manager <input type="checkbox"/> Janitor <input type="checkbox"/> Server <input type="checkbox"/> Cook <input type="checkbox"/> Other: _____  |

## Section 5: Additional Facility-Specific Information

## Section 6: Plan Maintenance

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Where is the clean-up plan kept in the food establishment? _____  |
| <input type="checkbox"/> | How often is the plan reviewed and updated? <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____ |

## Section 7: Signature

Plan prepared by: \_\_\_\_\_

Signature	Date	Printed Name	(xxx) xxx-xxxx Phone
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To request this document in another format, call 1-800-515-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



## Operational Permit Application

Pacific County Department of Community Development

Internet Address: [www.co.pacific.wa.us](http://www.co.pacific.wa.us)

### OFFICE USE ONLY

Issued Date: \_\_\_\_\_

Issued By: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### TYPE OF PROJECT / O&M SCHEDULE

Food Establishment - Every 3 years ☐

Short Term Vacation Rental - Every 3 years ☐

Table VI /Waiver - Annually or as determined by waiver ☐

School - Every 3 years ☐

RV Park/Campground - Every 3 years ☐

Food Est w/ a Table VI Repair - Annually ☐

### BUSINESS OWNER INFORMATION (If on leased Land)

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### JOB SITE INFORMATION AND LOCATION

Tax Parcel ID No.: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Type/Name of Water: \_\_\_\_\_

The Tax Parcel ID Number can be found on your tax statement, the Pacific County web site address listed above or by calling the Assessor's office at 360-642-9301 or 360-875-9301. **Applications cannot be processed without this information.**

In accordance with the Pacific County Board of Health Ordinance 3E, as the owner of the on-site septic system which is the subject of this application, you are required to obtain an Operational Permit from Pacific County. This permit requires an Operation and Maintenance (O&M) inspection by a third party inspector licensed by Pacific County and is done to ensure your system is functioning properly and is not a public health hazard. In order to meet the minimum Operational Permit requirements please provide the following:

- Current Operation & Maintenance Inspection (O&M)
- This application with signature below

Note: This O&M inspection must be submitted and reviewed by Pacific County prior to permitting/licensing the proposed project.

By signing this application, as owner, or the authorized agent(s) of the owner(s) of the property which is the subject of this application, I acknowledge that I will be required to submit an **O&M inspection** of the on-site septic system as performed by a licensed Operation & Maintenance Specialist determined by the type of project listed above. The next year the O&M Inspection needs to be submitted will be reflected on your license/permit.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

### SOUTH BEND OFFICE

P.O. Box 68

South Bend, WA 98586

(360) 875-9356 FAX (360) 875-9304

### LONG BEACH OFFICE

7013 Sandridge Road

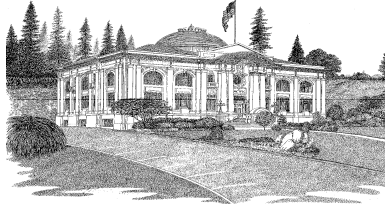
Long Beach, WA 98631

(360) 642-9382 FAX (360) 642-9387

Revised 09/12/2011

Pacific County Department of Community Development

**Long Beach**  
7013 Sandridge Road  
Long Beach, WA 98631  
(360) 642-9382  
FAX (360) 642-9387



**South Bend**  
PO Box 68  
South Bend, WA 98586  
(360) 875-9356  
FAX (360) 875-9304

**WATER AVAILABILITY NOTIFICATION**

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

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

Please complete Part A, B, or C

**Part A**

Use of water for this building is authorized by valid Water Right Permit or Certificate # \_\_\_\_\_, which has not been canceled or relinquished. **A copy of the above document is attached.**

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**Part B - To be completed by a desired water purveyor**

The Public Water System \_\_\_\_\_ State I.D. # \_\_\_\_\_, Water Right Permit or Certificate # \_\_\_\_\_, is capable of and will supply water to the project/short plat \_\_\_\_\_ for \_\_\_\_\_ connection(s) located at \_\_\_\_\_.

The above Public Water System is approved for \_\_\_\_\_ service connection(s) and currently serves \_\_\_\_\_ connections.

☐

This is a new connection to serve this site.

☐

This is an existing approved connection serving this site.

The water system facilities are adequate to provide service to this site and have been designed, approved, and installed per WAC 248-54. Connection to the system must be completed within one year or this Water Availability Notification is void.

Purveyor \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Part C - Please check one of the following:**

The water supply for this building will be obtained from a source which does not require a water right permit.

**The water in each of the following three categories shall be tested for total coliforms and a copy of the report shall be attached to this document.**

☐

The above well is newly constructed. It was drilled by \_\_\_\_\_, a licensed well driller. Less than 5,000 gallons per day of water will be used from the well and less than ½ (one-half) acre will be irrigated.

☐

The above well has been in existence and use since \_\_\_\_\_. Less than 5,000 gallons per day of water will be used from the well and less than ½ (one-half) acre will be irrigated.

☐

The source of water is a \_\_\_\_\_, which does not require a water right permit.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

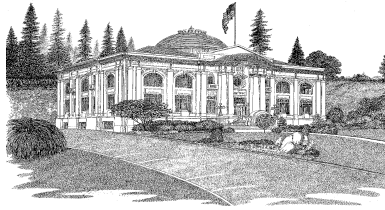
The above water system has met the requirements necessary for domestic use in accordance with RCW 19.27.097.

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date

Pacific County Department of Community Development

**Long Beach**  
7013 Sandridge Road  
Long Beach, WA 98631  
(360) 642-9382  
FAX (360) 642-9387



**South Bend**  
PO Box 68  
South Bend, WA 98586  
(360) 875-9356  
FAX (360) 875-9304

## CERTIFICATE OF SEWER AVAILABILITY

*This certificate provides the Pacific County Department of Community Development information necessary to evaluate the proposed development.*

**To be completed by owner/applicant/contractor:**

Parcel Number: \_\_\_\_\_ Project Address: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Proposed use: \_\_\_\_\_  
General Project Description: ☐ Building permit ☐ Short Subdivision ☐ Preliminary Plat  
☐ Other: \_\_\_\_\_

**Public Sewer Utility:** ☐ Long Beach ☐ Seaview ☐ Ilwaco ☐ Surfview  
☐ Raymond ☐ South Bend

**To be completed by sewer purveyor:**

**The above named Public Sewer Utility is capable of and will supply sewer service to the referenced project or subdivision:**

1. Is said sewer currently available, with service connection provided as required, to serve the proposed development? ☐ Yes ☐ No
2. Will the developer design, fund, construct and provide financial surety for the necessary systems to extend sewer service to the site and provide service connections as required? ☐ Yes ☐ No
3. Service is subject to the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This Certificate of Sewer Availability is non-transferable to other projects and shall be valid as long as the referenced project remains active and is not modified.**

Certified by: \_\_\_\_\_  
Print Name Title  
\_\_\_\_\_  
Signature Date