



## CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 • Fax (360) 397-8091

### CATERING SERVICE PACKET

Before opening a catering service, provide the following information to Clark County Public Health:

1. **PLAN REVIEW APPLICATION FORM.** Complete the yellow Plan Review Application form.
2. **PERMIT APPLICATION FORM.** Complete the green Permit Application form.
3. **PLAN REVIEW FEE.** Pay the non-refundable plan review fee.
4. **MENU.** Provide a menu or a list of the foods to be served.
5. **METHOD OF FOOD PREPARATION.** The following information must be provided:
  - Types of food preparation and cooking conducted in the commissary/base of operation.
  - Types of food preparation and cooking conducted in the concession stand.
6. **COMMISSARY FLOOR PLAN.** Provide a floor plan, to a quarter inch scale (1/4 inch = one foot), of the proposed commissary/base of operation indicating locations of the following:
  - Hand wash sinks;
  - Food preparation sink and the floor drain;
  - Commercial refrigeration and freezer units, model and brand;
  - Cooking and hot-holding equipment;
  - Three-compartment sink
  - Dishwasher (if applicable);
  - Mop sink;
  - Ice machine and floor drain;
  - Toilet(s) and hand wash sink(s); and
  - Provide description of finishes on floors, walls, counter tops and ceilings.
7. **LETTER OF AGREEMENT.** If the above commissary kitchen is not owned by applicant, provide a letter of agreement to use the facilities.
8. **FOOD TRANSPORTATION AND ON-SITE EQUIPMENT.**
  - Provide a list of the equipment used to transport hot and cold food.
  - Provide a list of equipment used at the catered event for cold food storage and hot holding. Sterno may not be used for hot holding food at any outdoor event.
9. **ITINERARY.** Provide a list of regularly catered sites or contact Clark County Public Health to schedule an inspection.

**THE ABOVE ITEMS MUST BE SUBMITTED WHEN PAYING FOR A PLAN REVIEW.  
If any of these items are omitted, the plan review cannot be accepted.  
ALLOW AT LEAST TWO WEEKS FOR PLAN REVIEW COMPLETION.**

Following plan approval:

- ✓ **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** A pre-opening inspection of the food establishment must be conducted. Call (360) 397-8428 at least one week in advance to schedule this on-site inspection.
- ✓ **PAY FOR PERMIT.** Before opening, the food service permit must be paid.

**COMPLIANCE WITH CHAPTER 246-215 WAC IS REQUIRED**

1. **WATER SUPPLY.** Water must be adequate in quantity and quality, supplied by a source approved under WAC 246-290 and monitored according to standards.
2. **SEWAGE SYSTEM.** Provide that all liquid wastes, including ice melt, are disposed into an approved sewage disposal system.
3. **FOOD SOURCE.** All food, including ice, must be from an approved source or commissary and all prepackaged foods must be properly labeled.
4. **REFRIGERATION.** Provide commercial refrigeration units sufficient for all appropriate foods to maintain temperatures to 41°F or less.
5. **THERMOMETERS.** Provide all refrigeration units with accurate thermometers. Provide an accurate metal stem thermometer to monitor hot and cold food temperatures in the kitchen and after transportation to the food service site.
6. **HAND WASH SINK.** In the kitchen, a hand wash sink must be present which is accessible, convenient and used exclusively for hand washing. The hand wash sink shall have hot and cold water provided through a mixing faucet. There shall be soap dispenser and single use paper towels at the sink.
7. **PLUMBING.** Plumbing must be sized, installed and maintained in accordance with applicable Washington State and local plumbing codes. Provide indirect drains at the food preparation sinks, icemaker and any ice bins.
8. **UTENSIL WASHING.** Provide a three-compartment sink or a three-compartment sink with a mechanical dishwasher with a drain board for the cleaning and sanitizing of equipment and utensils.
9. **EQUIPMENT AND UTENSILS.** Provide that equipment and utensils are cleanable, durable, in good repair, and in conformance with the current standards and listing of the National Sanitation Foundation.
10. **SMOKING.** The use of tobacco is prohibited in any food preparation area, transportation area, and food service area.
11. **GARBAGE STORAGE.** Provide leak proof, vermin proof, and covered container. Provide for appropriate frequency of garbage pickup.
12. **TOILETS.** A toilet must be readily accessible and available within at least 200 feet of the commissary kitchen. Toilet facilities must have a hand-washing sink with hot and cold running water, single service soap and towel dispenser.
13. **FOOD AND BEVERAGE WORKER CARDS.** All food workers must obtain and maintain a valid Washington State Food and Beverage Worker card. For food and beverage worker testing times and information, call (360) 397-8435.

**ALL CATERED EVENTS MUST HAVE THE FOLLOWING:**

1. **HAND WASHING STATION.** At all outdoor events, provide a 5-gallon insulated container with a spigot that provides a continuous flow of warm water, a bucket to collect the dirty water, a pump soap dispenser and paper towels.
2. **PERMIT and FOOD WORKER CARDS.** The permit must be on-site at any catered event. A photocopy of the permit *is not valid*. Valid Washington Food and Beverage Worker cards must be available for inspection.
3. **SANITIZING SOLUTION.** Wiping cloths, stored in an approved sanitizing solution, to clean up food spills, wipe work surfaces, counter and equipment must present. One-teaspoon bleach in one gallon of tepid water is acceptable.
4. **METAL STEM THERMOMETER.** An accurate metal stem thermometer with a range from 0°F to 220°F must be on-site to monitor hot and cold food temperatures. A roast thermometer is **NOT** acceptable.
5. **APPROVED STORAGE AND DISPLAY OF FOODS.** Potentially hazardous food must be stored at 41°F or colder or hot held at 140°F or higher. All food and utensils must be stored at least 6 inches off the ground. Food must be protected from contamination by the use of sneeze guards, display cases, or other effective measures.

For further information, please call Clark County Public Health at (360) 397-8428, press option 0, and ask to speak with an environmental health specialist in the Food Safety Program.



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**PLAN REVIEW APPLICATION FORM**

**RESTAURANT NAME OR NAME OF ESTABLISHMENT** \_\_\_\_\_  
**SITE ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** WA **ZIP** \_\_\_\_\_  
**SITE PHONE NUMBER** \_\_\_\_\_ **ESTIMATED OPENING DATE** \_\_\_\_\_

**BUSINESS NAME OF OWNER or CORPORATION NAME** \_\_\_\_\_  
**BUSINESS OWNERSHIP STATUS:**  Sole Proprietor  Partnership  Corporation  LLC  
**LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.**  
**OWNER NAME** \_\_\_\_\_ **OWNER NAME** \_\_\_\_\_  
**OWNER NAME** \_\_\_\_\_ **OWNER NAME** \_\_\_\_\_  
**BUSINESS ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**BUSINESS PHONE** \_\_\_\_\_ **BUSINESS FAX** \_\_\_\_\_

**IS THIS A CHANGE OF OWNERSHIP?** NO  YES  **IF Yes, date of change:** \_\_\_\_\_  
**If Yes, previous name of the restaurant?** \_\_\_\_\_  
**IS THIS:**  New construction or conversion of an existing building to a restaurant  
 An existing restaurant/kitchen remodel  
**Construction company contact person** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**BUILDING DEPARTMENT PERMIT NUMBER:** \_\_\_\_\_

**TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?**  
**Name** \_\_\_\_\_ **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**WATER:**  Amboy (CPU)  BattleGround  CPU  Camas  Vancouver  Washougal  Yacolt (CPU)  Other \_\_\_\_\_  
 Small Public Water Supply Name \_\_\_\_\_ ID# \_\_\_\_\_

**SEWAGE:**  Public sewer  On-site septic system. **Date of last septic system inspection or pumping:** \_\_\_\_\_

**TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment that you are planning.**

- Restaurant  School / Cafeteria  Tavern/Bar  Public Kitchen/Grange  Motel/Hotel  Bed & Breakfast  Food Bank  
 Espresso Cart  Mobile Truck  Little League  Concession Stand/Cart  Annual Itinerant  Bakery (only)  Caterer  
 Grocery Store and  Deli and  Bakery and  Meat/Fish Market  Meat/Fish Market (only)  Convenience Store  Convenience Store & Deli

**Hours of operation** \_\_\_\_\_ **Number of employees per shift** \_\_\_\_\_

**Anticipated number of meals served per day** \_\_\_\_\_ **Anticipated seating capacity** \_\_\_\_\_

**COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer)** \_\_\_\_\_ **ID #** \_\_\_\_\_

**BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck)** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**  
**DATE PAID:** \_\_\_\_\_ **IN:** \_\_\_\_\_ **OW:** \_\_\_\_\_  
**AMT RCVD: \$** \_\_\_\_\_ **AR:** \_\_\_\_\_ **FA:** \_\_\_\_\_ **EHS:** \_\_\_\_\_  
**EHA:** \_\_\_\_\_ **SR:** \_\_\_\_\_ **PR:** \_\_\_\_\_



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## FOOD SERVICE PERMIT APPLICATION FORM

**THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT**

**NAME OF FOOD ESTABLISHMENT** \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE WA ZIP \_\_\_\_\_

SITE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS:  YES

IF NO, LOCAL MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE WA ZIP \_\_\_\_\_

**SITE E-MAIL ADDRESS** \_\_\_\_\_

**OWNER INFORMATION:**

**BUSINESS NAME or CORPORATION NAME** \_\_\_\_\_

OWNERSHIP STATUS OF ABOVE:  Sole Proprietor  Partnership  Corporation  LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:

OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_

OWNER HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER PHONE \_\_\_\_\_ HOME/EMERGENCY CONTACT PHONE \_\_\_\_\_

MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS:  YES

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**OWNER E-MAIL ADDRESS** \_\_\_\_\_

**BILLING INFORMATION:**

**NAME** \_\_\_\_\_ **CARE OF** \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING PHONE \_\_\_\_\_ BILLING FAX NUMBER \_\_\_\_\_

**ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE:** (For restaurants and taverns only) **WASHINGTON STATE TAX ID #** \_\_\_\_\_

Check one: A.  0- \$250,000 B.  \$250,000 - \$500,000 C.  \$500,000 - \$750,000 D.  \$750,000 - \$1,000,000 E.  \$1,000,000 and over

**IS THIS A CHANGE IN OWNERSHIP?** NO  YES  If YES, date of change: \_\_\_\_\_ Previous establishment's name: \_\_\_\_\_

**WATER:**  Amboy (CPU)  Battle Ground  CPU  Camas  Vancouver  Washougal  Yacolt (CPU)  Other \_\_\_\_\_

Small Public Water Supply Name \_\_\_\_\_ and ID # \_\_\_\_\_

**SEWAGE:**  Public Sewer  On-site septic system. Last inspection or pumping date: \_\_\_\_\_ **\*ATTACH COPY OF THIS INSPECTION/PUMPING.**

**TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes type of establishment:**

<input type="checkbox"/> Restaurant	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Public Kitchen/Grange	<input type="checkbox"/> Bakery (only)	<input type="checkbox"/> Grocery/Convenience Store
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Head Start	<input type="checkbox"/> Annual Itinerant/Farmer's Market **	<input type="checkbox"/> Meat/Fish Market (only)	<input type="checkbox"/> with Deli
<input type="checkbox"/> Concession**	<input type="checkbox"/> Mobile Truck**	<input type="checkbox"/> Espresso Cart/Stand**	<input type="checkbox"/> Caterer**	<input type="checkbox"/> with Bakery
<b>**CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE REQUIRED FOR PERMIT</b>				<input type="checkbox"/> with Meat Market

Food establishment prepares, offers for sale or serves potentially hazardous food  YES  NO

Is time as temperature control used?  YES  NO Is a highly susceptible population served?  YES  NO

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. **I understand that this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.**

<b>FOR OFFICIAL USE ONLY</b>			
DATE PAID: _____	IN _____	OW _____	_____
AMT RCVD: \$ _____	AR _____	FA _____	EHS: _____
EHA: _____	SR _____	PR _____	_____



## ENVIRONMENTAL PUBLIC HEALTH DEPARTMENT 2009 FEE SCHEDULE

FOOD PLAN REVIEW	
New Construction	\$500
Remodel	\$400
Annual Itinerant/Espresso	\$400
Non-profit	\$100
Change of Ownership	\$400
Change of Owner-No notification	\$500
Longer than 2 hours	\$100

RESTAURANT	
Level 1 (A-B)	\$364
Level 1 (C-D)	\$650
Level 1 (E)	\$848
Level 2 (A-B)	\$598
Level 2 (C-D)	\$858
Level 2 (E)	\$1,040
Level 3 (A-B)	\$936
Level 3 (C-D)	\$1,196
Level 3 (E)	\$1,300

GROCERY	
Base Permit	\$244
w/Meat Market	\$244
w/Bakery	\$244
w/Deli	\$390

ESTABLISHMENT PERMIT	
Bed & Breakfast	\$244
Bakery	\$244
Caterer	\$494
Espresso Stand	\$244
Meat Market	\$244
Public Kitchen	\$244
Seasonal Permit	\$364
NFP Low	\$140
NFP Medium	\$281
NFP High	\$421

MOBILE TRUCK	
Level 1 Low	\$244
Level 2 Medium	\$468
Level 3 High	\$728

ANNUAL ITINERANT	
Level 1 Low	\$244
Level 2 Medium	\$442
Level 3 High	\$676

SEASONAL TEMPORARY PERMITS	
1-3 Consecutive Days	\$130
4-21 Consecutive Days	\$260
Non-Profit 1-3 Days	\$78
Temporary Late Fee	\$52

FOOD FOLLOW-UP INSPECTION	
Mandatory Follow-up Inspection	\$260
Food Probation Inspection	\$1,040

SCHOOL PLAN REVIEW	
New Construction	\$572
Remodel	\$442
Portable Addition	\$244

SCHOOL PERMITS	
Cafeteria Public/Private	\$489
Permit Student Store	\$182
Summer School	\$224
Head Start	\$224
School Safety Inspection	\$312
Additional Services Food Program	\$106/hr
Food Worker Card	\$10



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# FOOD WORKER CARD TEST INFORMATION

### TESTING DAYS & TIMES —

**WHEN:** Monday, Thursday, & Friday  
8:00 to 11:45 AM  
1:00 to 3:00 PM

**WHERE:** Clark County Public Health  
1601 E. Fourth Plain Blvd.  
Third Floor

- ◆ Registration closes at 3:00 PM.
- ◆ Applicants must complete testing *before* 4:15 PM.
- ◆ Children are not allowed in the testing room and should not be left unattended in the waiting area.
- ◆ For information call 397-8435.

### FOR FIRST CARD —

All food workers must have a Washington State food worker card before starting work. The first card is valid for 2 years.

- ◆ Read the Washington State Food and Beverage Worker's Manual **BEFORE** coming to the testing session.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch a 30-minute video on food safety.
- ◆ Pass the test. The written test may be taken in Spanish, Russian, Chinese, Vietnamese, Korean and English.

### RENEWING CARDS —

#### **REPLACEMENT CARDS:**

- ◆ Bring picture identification and fill out application form.
- ◆ Pay \$10.00 replacement fee.

#### **TO RENEW CARD:**

If card is renewed *before* the expiration date on the card, a 3 year card will be issued. The renewal period is **60 DAYS BEFORE** the card expires.

- ◆ Read the Washington State Food and Beverage Worker's Manual.
- ◆ Bring original or a photocopy of current card before it expires.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch the 30-minute video on food safety.
- ◆ Pass the test.

#### **RENEWING CARD FOR 5 YEARS:**

- ◆ Follow the procedure to renew a card.
- ◆ Bring proof an approved food safety program has been completed, such as the WSU PIC training or ServSafe, within the last 2 years.

### SPECIAL NEEDS TESTING —

Call 397-8428, Ext. 7249 for information and scheduling.

### FOR GROUP TESTING —

Worksite group testing offered on a limited basis.

- ◆ Call 397-8444 to schedule group testing.
- ◆ Have employees bring current food worker card and a picture ID to the testing site.
- ◆ Have employees read the Washington State Food and Beverage Worker's Manual.
- ◆ Employees will watch the 30-minute video and then take the written test.
- ◆ Pay \$205.00 group testing fee **AND** \$10.00 fee for each person who takes the test.
- ◆ Cards will be mailed or picked up at Environmental Public Health office upon receipt of payment.

### ONLINE INFORMATION —

Food Work information is available online: [www.clark.wa.gov](http://www.clark.wa.gov), type "food worker" in the search field and press the search button.

The Internet Food Safety Education Program video is now available online in either English or Spanish:

English site:

<http://ccph.gibbymedia.com/foodsafety2/>

Spanish site:

[http://ccph.gibbymedia.com/foodsafety2\\_sp/](http://ccph.gibbymedia.com/foodsafety2_sp/)



For other formats, contact the Clark County ADA Office: **Voice** (360) 397-2000; **Relay** 711 or (800) 833-6388; **Fax** (360) 397-6165; **E-mail** ADA@clark.wa.gov.

**FOOD WORKER CARDS ARE VALID IN EVERY COUNTY IN WASHINGTON STATE.**



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### MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE

#### FOOD SERVICE ESTABLISHMENT [Commissary]

\_\_\_\_\_  
Dba/Name of Commissary

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Day Phone Number

Hereby agrees to provide access and use of their food service establishment as a commissary kitchen to the owner and employee(s) of:

#### FOOD SERVICE PERMIT HOLDER

\_\_\_\_\_  
Name of Permit Holder

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Day Phone Number

Clark County Public Health Food Safety inspection of commissary is required. Indicate applicable day and time of commissary usage:

Monday \_\_\_\_\_  Wednesday \_\_\_\_\_  Friday \_\_\_\_\_  Sunday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  Thursday \_\_\_\_\_  Saturday \_\_\_\_\_

The above permitted commissary is to be used for **all** preparation and storage of food items, dishwashing activities as needed, and mobile unit servicing needs.

In the event either party terminates the Memorandum of Agreement for Commissary Usage, the permit holder is immediately suspended and all food and beverage operations shall immediately cease. The owner/operator of the permit must secure the services of another approved commissary and provide another signed Memorandum of Agreement for Commissary Usage to CCPH. This agreement becomes invalid if the above commissary does not have and maintain a valid Food Establishment Permit. This agreement is subject to approval by Clark County Public Health.

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

\_\_\_\_\_  
Date