



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 • www.clark.wa.gov

MOBILE TRUCK / CONCESSION PACKET

Before operating, changing ownership, or reopening a food service establishment, the following information must be provided:

1. **DEPARTMENT OF LABOR & INDUSTRIES.** Submit approval from the Department of Labor & Industries.
2. **PLAN REVIEW APPLICATION FORM.** Complete the yellow Plan Review Application form.
3. **PERMIT APPLICATION FORM.** Complete the green Permit Application form.
4. **PLAN REVIEW FEE.** Submit to Clark County Public Health (*please note address information at top of page*).
5. **MENU.** Provide a menu or a list of the foods to be served.
6. **METHOD OF FOOD PREPARATION.** The following information must be provided:
 - Types of food preparation and cooking conducted at the commissary/base of operation?
 - Types of food preparation and cooking conducted on the mobile unit or in the concession stand?
 - This information should include food suppliers, food storage procedures for raw meat and eggs, how cross contamination and bare hand contact with ready-to-eat food will be prevented, food cooking temperatures of all meat, fish and poultry, and employee sanitation standards.
7. **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;
 - 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.
8. **MOBILE FOOD UNIT or CONCESSION STAND AREA.** Provide to scale a drawing to show the locations of the following:
 - Hand wash sink or hand wash station;
 - Cooking and hot-holding equipment and a statement of how the public will be protected;
 - Commercial refrigeration and freezer units;
 - Potable water tank(s) and capacity;
 - Wastewater retention tank(s) and capacity;
 - For mobile food units, provide a description of finishes used on floors, walls, counter tops and ceilings; and
 - For concession stands, describe overhead contamination prevention and flooring.
9. **PROPOSED ITINERARY.** Provide a list of the proposed events or sites of operation.

THE ABOVE ITEMS MUST BE SUBMITTED WHEN PAYING FOR PLAN REVIEW.

If any of these items are omitted, the review cannot be accepted.

ALLOW AT LEAST TWO WEEKS FOR PLAN REVIEW.

Following plan approval:

- ✓ **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** A pre-opening inspection of the mobile unit and/or commissary must be conducted prior to opening. Please call (360) 397-8428 at least one week in advance to arrange this on-site inspection.
- ✓ **PAY FOR PERMIT.** BEFORE OPENING, THE ANNUAL FOOD SERVICE PERMIT FEE MUST BE PAID.

STATE BOARD OF HEALTH STANDARDS – COMPLIANCE WITH WAC 246-215 IS REQUIRED

1. **DEPARTMENT OF LABOR AND INDUSTRIES.** The applicant must contact the Department of Labor and Industries and obtain approval for the mobile unit, if necessary.
2. **COMMISSARY OR SERVICING AREA.** The person in charge of the mobile unit must operate the vehicle from an approved commissary or servicing area. The mobile unit must be returned to this area when not in operation.
3. **WATER SUPPLY.** Water and ice must be from an approved source under WAC 246-290 and monitored according to standards. **POTABLE WATER TANK:** On the mobile food unit, the capacity of the water system shall be sufficient to furnish enough hot and cold water for hand washing and utensil washing as required. A potable water refill area must have an approved water hose that is retractable and does not allow contact with the ground. All hose bibs must have a vacuum breaker to prevent back flow. All hoses must be approved for potable water usage.
4. **SEWAGE SYSTEM.** All liquid wastes, including gray water, mop water and ice melt, are disposed into an approved sewage disposal system.
5. **WASTE WATER TANK.** On the mobile food unit all liquid wastes must be stored in a wastewater retention tank with at least 15% more capacity than the potable water tank and then disposed into an approved sewage disposal system.
6. **HAND WASH STATION.** A mobile food unit must have a hand wash sink that is has hot **and** cold running water provided through a mixing faucet. There must be soap dispenser and single use towels at sink. If there is a three-compartment sink on the mobile unit, approval must be obtained to waive or modify the hand washing sink requirement. At any concession stand there must be an insulated container with a spigot that provides a continuous flow of warm water, a bucket to collect dirty water, a pump soap dispenser and paper towels.
7. **FOOD PREPARATION SINK.** Commissary/Base of Operation. Provide a separate food preparation sink in which food may be washed, rinsed, drained, cooled or thawed.
8. **DISH WASHING FACILITIES.** Commissary/Base of Operation. Provide a method of cleaning and sanitizing equipment and utensils, either a mechanical dishwasher with a three-compartment sink or a three-compartment sink with a drain board.
9. **MOP SINK.** Commissary/Base of Operation. Provide a mop sink for supplying and disposing of water for cleaning floors and walls. A laundry tub or mop bucket is **not** considered a substitute for a mop sink.
10. **PLUMBING.** Provide plumbing sized, installed and maintained in accordance with applicable state and local plumbing codes. Provide indirect drain from the ice machine, food preparation sink, and mechanical dishwashers into a floor sink or similar device.
11. **REFRIGERATION.** Provide commercial refrigeration units sufficient for all necessary foods and for pre-chilling, thawing, and for the separation of raw meats, aquatic foods and poultry from other foods.
12. **THERMOMETERS.** All refrigeration equipment must have thermometers accurate to $\pm 3^{\circ}$ F. There must be at least one metal stem thermometer (pocket thermometer) accurate to $\pm 2^{\circ}$ F to monitor hot and cold food preparation and food holding. This stem thermometer should have a range of at least 0° F to 220° F.
13. **FLOORS, WALLS, CEILING.** Floors, walls, and ceilings in all food preparation and storage areas and toilets shall be easily cleanable, water impervious, grease resistant, and durable.
14. **TOILETS.** The toilet room must have automatic door closing devices, mechanical ventilation, and hand washing sink with single service soap and towel dispensers. Toilets must be within at least 200 feet of the food unit.

15. **FOOD and BEVERAGE WORKER CARDS.** All employees must have a valid Washington State food and beverage card. The cards must be available for inspection.
16. **EQUIPMENT AND UTENSILS.** Equipment and utensils must be cleanable, durable, in good repair and in conformance with the current standards and listings of the National Sanitation Foundation.
17. **LIGHTING.** All lights must have shields or guards.
18. **VENTILATION.** Provide ventilation system design, installation, and maintenance in accordance with state and local mechanical and fire codes.
19. **PEST CONTROL MEASURES.** Doors and windows should have automatic door closers or screens to prevent the entrance of insects and rodents.
20. **BUSINESS NAME.** The permit holder must ensure the business name is easily visible on the mobile unit.



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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
**CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE REQUIRED FOR PERMIT				<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.**

FOR OFFICIAL USE ONLY			
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, 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/



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.