

**APPLICATION TO OPERATE A  
 MOBILE FOOD UNIT/COMMISSARY**  
**PERMIT YEAR IS APRIL 1<sup>ST</sup> THROUGH MARCH 31<sup>ST</sup>**

Name of Mobile Unit: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mobile Unit Operating Location: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Circle all that apply:**

Permit New  Permit Renewal  Change of Ownership  Change of mailing address   
 Mobile Reciprocity  Classification Change: 67 \_\_\_\_\_ Permit Number: PR \_\_\_\_\_  
 Change of Commissary (\$25 fee)  Previous Commissary Name/Address \_\_\_\_\_

Change of Business Name/ Previous Business Name: \_\_\_\_\_

**Notice:** By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Call (206) 263-9566 if you do not receive a renewal application by February 28<sup>th</sup>. Be sure to renew your permit before it expires.

<b>PAYMENT INFORMATION</b>		
See back of form for fee schedule, refund policy, and where to submit this application.		
Check if applicable:		
New operation, date opened _____	Permit Fee	\$ _____
Seasonal operation:	Late Fee	\$ _____
Date of opening _____	Field Plan Review Fee	\$ _____
Date of closing _____		
Date of commissary change _____	Change of Commissary	\$ _____
Seating capacity _____	<b>Total Due</b>	<b>\$ _____</b>
Check or Money Order, Payable to: <b>SKCDPH</b>		

**OFFICE USE**

Mobile PR \_\_\_\_\_ FA \_\_\_\_\_ PE \_\_\_\_\_ PLAN REVIEW SR \_\_\_\_\_ MOBILE STICKER # \_\_\_\_\_

Commissary PR \_\_\_\_\_ FA \_\_\_\_\_ PE \_\_\_\_\_ VARIANCE SR \_\_\_\_\_ DATE FACILITY OPENED \_\_\_\_\_

INSPECTOR NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Food Establishment Categories and Permit Fees 2019 Effective 1/1/20 – 12/31/20**

<b>PERMIT CATEGORY*</b>	<b>Classification/Fee Risk 1</b>	<b>Classification/Fee Risk 2</b>	<b>Classification/Fee Risk 3</b>
General Food service- 0-12 seats	6701 - \$406	6702 - \$615	6703 - \$875
General Food Service- 13-50 seats	6711 - \$406	6712 - \$657	6713 - \$927
General Food Service- 51-150 seats	6721 - \$406	6722 - \$657	6723 - \$1,012
General Food Service- 151-250 seats	6731 - \$406	6732 - \$804	6733 - \$1,121
General Food Service- over 250 seats	6741 - \$416	6742 - \$878	6743 - \$1,237
Limited Food service- no permanent plumbing	6757 - \$406	NA	NA
Bakery- no seating	6751 - \$483	6752 - \$577	6753 - \$849
Bed and Breakfast	6761 - \$405	NA	NA
Grocery Store- no seating	6765 - \$396	6766 - \$734	NA
Caterer	6771 - \$526	6772 - \$684	6773 - \$849
Meat/Fish Market	NA	NA	6777 - \$883
Vending Machine	6775 - \$374	NA	NA
Mobile Food Unit	6781 - \$554	6782 - \$887	6783 - \$1,143
Nonprofit Institution - unlimited seating	6735 - \$406	6736 - \$615	6737 - \$875
School Lunch Program	NA	6792 - \$617	NA

\*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

**PLAN REVIEW FEES**

New Construction	4 hour base fee (\$919.20 ) + \$229.80/hr after 4 hours
Remodel	3 hour base fee (\$689.40 ) + \$229.80/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$689.40) + \$229.80/hr after 3 hours
Resubmitted plan review-billable	\$229.80/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$459.60 ) + \$229.80/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$459.60 + \$229.80/hr after 2 hours

**PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS**

“Seasonal food establishment” means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

**LATE FEES**

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

**MISCELLANEOUS FEES**

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$229.80/hr
Check returned by bank	\$35
Processing a refund	\$25
After hours inspection	Cost of service

**Refund Policy**

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).

**MAKE CHECKS PAYABLE TO:** SKCDPH  
**MAIL TO:** Public Health – Seattle & King County  
 Downtown Environmental Health  
 401 - 5<sup>th</sup> Avenue, Suite 1100  
 Seattle, WA 98104

**PERMITS AND LICENSES PHONE:** 206-263-9566 Fax- 206-296-0189  
**WEBSITE:** <http://www.kingcounty.gov/foodsafety>