



Environmental Health Division | Food Protection Program

This checklist is based on RCW 43.20.149, adding a new section to Chapter 43.20 Revised Code of Washington. Please use the checklist below while applying online. All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received.** Only completed application and checklist submittals will be processed and reviewed.

Mobile Unit's Name		
Mobile Owner's Name		
Mailing Address	City	Zip Code
Phone	Email	

***REQUIRED ITEMS #1-10**

✓	ITEM #	ITEM	REQUIRED INFORMATION	PAGE NUMBER	OFFICE USE
	1	Submit online mobile reciprocity request	Submit for mobile reciprocity using the online Permit Center		
	2	Current Operating Permit	Provide a copy of current annual operating permit from the original local regulatory authority		
	3	Plan Approval Letter	Provide copy of the plan approval letter issued by the original local regulatory authority		
	4	Most Recent Inspection Report	Provide your most recent food safety inspection report for your mobile food unit and commissary		
	5	Approved Plans of Mobile	Provide equipment floor plan		
	6	Commissary/Service Area Information	Commissary/Service Area Agreement Form or Commissary Exemption		
	7	Menu	List of food and beverage items to be prepared and served.		
	8	Food Preparation Steps	Provide a description of how each menu item will be prepared and service. Provide the Food Preparation Flow Chart		
	9	Site/Itinerary Information	Information on Site or Route Location (Mobile-Food-Unit-Contact Information Form)		
	10	Use of Restroom Agreement within 500 feet	Information on Restroom Agreement only if mobile food unit will operate at a location longer than one (1) hour.		

***OPTIONAL**

	Photo(s) of Vehicle/Mobile Food Unit		
	Equipment list/schedule		
	Operating procedures		

I understand I cannot commence operation until I have received written approval from this mobile reciprocity, have obtained all annual operating permits, and have been inspected by all applicable city, county, and state agencies having jurisdiction.

Signature/Title		Date	
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Submit using online PERMIT CENTER:

kingcounty.gov/PublicHealthPermits

**Mobile Food Unit
 Food Preparation Flow Chart**

List each menu item and check mark each food preparation step that will occur at the **commissary**:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion/p ackage	storage
Example: Clam Chowder		✓	✓	✓	✓				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

List each menu item and check mark each food preparation step that will occur on the **mobile food unit**:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
Example: Clam Chowder			✓	✓		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

NOTE: If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate sheet.

Use of Restroom Agreement

All Food Establishments must provide restroom facilities for employees. This form shall be completed if you will be using restroom facilities that are owned by someone else.

Restroom facilities must be readily accessible within five hundred (500) feet of the food establishment during all times of operation. In addition, Mobile Food Units must also have access to restrooms if in any one location for more than one hour.

Indicate which of the following is available at the restroom location:

- Hot water at hand-wash sink(s) at or above 100 °F
- Hand soap
- Disposable hand towels or other acceptable hand drying device
- Required sign or poster which notifies food employees to “wash their hands” clearly visible
- Key accessibility to restroom (if applicable)
- Distance from food service to restroom shall be 500 feet or less
- If seating is provided, then a plumbed restroom allowing customer access must be available within 500 feet.

Restroom Accessibility Information: Name of Business: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Title: _____ Phone: _____
 Business Hours of Operation: _____
 Email: _____
 What retail/service activity takes place at this facility? _____

Mobile Unit/Food Vendor Information: Name of Business: _____
 Owner/Operator: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Days/Time at Restroom: _____
 Email: _____

 (Restroom Owner/Agent – Printed Name & Title)

 (Mobile/Vendor – Printed Name & Title)

 (Restroom Owner/Agent – Signature & Date)

 (Mobile/Vendor – Signature & Date)

This agreement between the owner/agent of the restroom and the owner/vendor of the food establishment signifies that both parties agree to the allowed use of the restroom facilities as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the restroom or food establishment or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King County Food Service Operators Permit may be suspended.**

Notice to operators of Mobile Food Units

A copy of this completed Use of Restroom Agreement must be kept onboard the Mobile Food Unit.

Available in alternative format upon request pursuant to ADA

DISTRICT HEALTH CENTERS

DOWNTOWN
 401 5th Ave, 11th Floor
 Seattle, WA 98104
 206-263-9566

EASTGATE
 14350 S.E. Eastgate Way
 Bellevue, WA 98007
 206-477-8050

Mobile Food Unit Contact Information for Route or Site Location

The Mobile Food Unit (cart/vehicle/trailer) owner/operator must provide Public Health - Seattle & King County with contact information which will provide one or methods of being able to identify the location of operation any day of the week. Methods include: cell phone, email, online web page and/or posted calendar, Facebook or twitter account.

Mobile Food Unit/Vendor Information:

Name of Business: _____

Owner/Operator: _____

Commissary Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Web Page: _____

Facebook: _____ Twitter: _____

If mobile food unit will be operating at a single location, please provide the address where the mobile unit will be operating:

Mobile Unit operating location

City

ZIP

Restroom access for employees is required within 500 feet of the mobile food unit. Mobiles at a permanent location OR with route stops of more than one hour are required to have a signed Restroom Agreement on the mobile food unit for review at time of inspection. (Appendix E).

(Mobile/Vendor – Printed Name & Title)

(Mobile/Vendor – Signature & Date)

Available in alternative format upon request pursuant to ADA

Submit online: kingcounty.gov/PublicHealthPermits

Risk Based Inspection Program for Permanent Food Establishments

Risks are based on the type of food, preparation steps, and type of food processing/packaging within an establishment.

Category 1 LOW RISK

1 routine inspection per year.



- No direct handling of unpackaged foods
- No on site cooking or baking



Examples:

Scooping ice cream, preparing espresso and/or blended drinks with commercially packaged products. Hot holding and service of commercially prepared hot dogs is allowed.



- Drug store
- Wine tasting room
- Gas station
- Coffee shop
- Espresso caterer
- Ice cream shop

Category 2 MODERATE RISK

1 routine inspection per year + 1 educational visit for consultation and training.

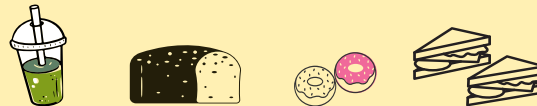


- No cooking
- No preparing raw meat or fish
- No hot holding of TCS (Time/Temperature Control for Safety) foods



Examples:

Making smoothies, baking cake, frying donuts, and grilling/toasting sandwiches for immediate service.



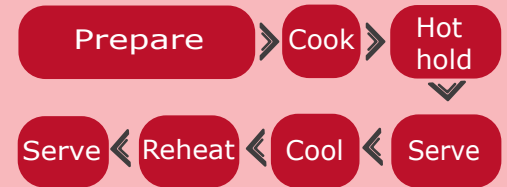
- Bakery
- Sandwich shop
- Grocery store (if serving pre-packaged raw meat, poultry, or seafood)

Category 3 HIGH RISK

2 routine inspections per year + 1 educational visit for consultation and training.



Complex food preparation



Required for:

- Processing and/or cooking raw animal products
- Hot holding TCS food
- Cooling TCS food
- Using Time as a Public Health Control
- Any food process that requires a Hazard Analysis and Critical Control Points (HACCP) Plan
- Full service restaurant
- Meat/Seafood departments that process raw products