

**Environmental Health Services Division**

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www.kingcounty.gov/health



**PUBLIC HEALTH – SEATTLE & KING COUNTY  
ANNUAL NOTIFICATION AND REGISTRATION FORM  
(WAC 246-215 Part 9 Subpart D)**

**Establishment Name:** \_\_\_\_\_

**Owner/Manager/Director:** \_\_\_\_\_

**Establishment Location:** \_\_\_\_\_

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

**Person in charge (PIC):** \_\_\_\_\_

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

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

**Check the months or partial months you are open:**

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What days/hours are you preparing food or serving?**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

In accordance with WAC 246-215 Washington State Retail Food Code and King County Title 5, Donated Food Distributing Organizations (DFDO) are required to notify the regulatory authority annually, in writing about the nature of its food service activities or whenever there is a significant change in its food service activities. We serve approximately \_\_\_\_\_ families (or individuals) per month and receive donations from several sources.

**We consider our program to be (check all that apply).**

- A food bank where clients self-select foods or foods are pre-bagged for customer pick up.
- A home delivery program that delivers pre-bagged food to a client's home.
- A hot or cold meal program that cooks in one location and serves at another location.
- A hot or cold meal program that cooks in one location and serves at the same location.
- Other: \_\_\_\_\_

**The majority of our food comes from (check all that apply).**

- Northwest Harvest or Second Harvest purchases or donations.
- Purchases from wholesale or retail sources.
- Local grocery stores and/or retail outlet donations.
- Scheduled or random donations from individuals.
- Other (Please list): \_\_\_\_\_

**Please attach types of foods served or distributed.**

I understand:

- My food service establishment must meet the requirements of the Public Health-Seattle & King County Title 5 and WAC-246-215-Rules and Regulations of the State Board of Health for Food Service.
- I have read and understand the provisions of WAC 246-215 Part 9 Subpart D Sections 246-215-09400 through 246-215-09435, “Donated Food Distributing Organizations”. There is a “person in charge” at all times at the food service establishment. This person in charge is responsible for ensuring that these provisions are adhered to by all food workers, that the facilities have equipment necessary to maintain safe food and handle food safely.
- The applicant is responsible for completing the Annual Notification and Registration Form and notifying Public Health- Seattle & King County of all changes in the food establishment activities, mailing address, billing address, and or phone number.

The Health Officer may require a food establishment owner/operator to modify food preparation/service and may delete some menu items when the available facilities are inadequate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Mail or email the completed notification form to:

**Public Health-Seattle & King County**

**Attn: Thu Bui**

**Environmental Health Services Division**

**401 5<sup>th</sup> Avenue, Suite 1100**

**Seattle, WA 98104**

**DFDOinfo@kingcounty.gov**