



Application for a permit to operate a food service establishment within Columbia County, State of Washington, in accordance with Revised Code of Washington 43.20.050; Washington Administrative Code 246-215 and 246-217; Columbia County Public Health Resolution No. 89-2; and any other applicable Rules and Regulations.

Name of Establishment: _____

Address: _____ Phone Number: _____

Mailing Address: _____ Number of Employees: _____

Type of Business: _____ Days/Hours of Operation: _____

Owners Email _____

Name of Owner(s): _____ Phone Number: _____

Name of Manager(s): _____ Phone Number: _____

I hereby certify the information I have submitted to be true and accurate.

Signed _____ Date _____

PAYMENT OPTIONS

In person using credit card, cash or check at 112 N 2nd St Dayton WA 99328

Please make checks payable to Columbia County Public Health,

Over the phone by credit card or e-check at 509-382-2181 or

Online at http://agent.pointandpay.net/pointandpay_counter/

Fee Schedule

Complex Menu: \$235.00 per year

Simple Menu: \$190.00 per year

All permits expire December 31

COLUMBIA COUNTY PUBLIC HEALTH USE ONLY:

Date _____ Amount _____ PMT TYPE- Credit Card _____ Check _____ Cash _____ Receipt# _____ Initials _____