



## Yakima Health District

1210 Ahtanum Ridge Drive  
 Union Gap, Washington 98903  
 Phone (509) 575-4040  
 Fax (509) 575-7894  
<http://www.yakimahealthdistrict.org>

For Office Use Only	
Case # _____	_____
Date _____	Initial _____
Amt _____	Check# _____
Rec# _____	Status Updated <input type="checkbox"/>

### FOOD AND BEVERAGE LICENSE APPLICATION

1. Complete the entire application. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
2. Pay fee with application to the Yakima Health District.
3. Food and Beverage licenses must be renewed **annually**. Failure to renew within 10 calendar days of the expiration date will incur a late fee of \$60. Failure to pay the renewal will result in suspension of the food service license.
4. Make checks payable to: **Yakima Health District**.
5. For **New Food establishments**, REQUIRED documents include:  
 Menu, Site Plan, Equipment Specs, and Food Service Establishment Checklist along with application and fee.

**Check all that apply:**

- License Renewal
- Late Fee
- New Establishment (New Case #)
- New Name (New Case #)
- New Location (New Case #)

Establishment Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ (Directly Responsible for Establishment)

Owner (if different from applicant): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Days/Hours: \_\_\_\_\_

Service and Fees			
Clearly mark your selection in the right column			
Level 1 NEW Food Establishment	\$261	H_HFD012 \$118, H_HFD023 \$22, H_HFD024 \$22, H_HFD015 \$99	
Level 1 License or Renewal	\$118	H_HFD025 \$118	
Level 2 NEW Food Establishment	\$486	H_HFD042 \$299, H_HFD040 \$44, H_HFD041 \$44, H_HFD039 \$99	
Level 2 License or Renewal	\$299	H_HFD026 \$299	
Level 3 NEW Food Establishment	\$662	H_HFD014 \$431, H_HFD044 \$66, H_HFD045 \$66, H_HFD043 \$99	
Level 3 License or Renewal	\$431	H_HFD027 \$431	
Catering Endorsement	\$180	H_HFD006 \$180	
Multiple Food Service NEW Establishment	\$861	H_HFD011 \$630, H_HFD045 \$66, H_HFD045 \$66, H_HFD043 \$99	
Multiple Food Service License or Renewal	\$630	H_HFD047 \$630	
NEW Mobile Unit Level 2	\$615	H_HFD002 \$428, H_HFD039 \$99, H_HFD040 \$44, H_HFD041 \$44	
Mobile Unit 2 License or Renewal	\$428	H_HFD049 \$428	
NEW Mobile Unit Level 3	\$791	H_HFD004 \$560, H_HFD044 \$66, H_HFD045 \$66, H_HFD043 \$99	
Mobile Unit Level 3 License or Renewal	\$560	H_HFD050 \$560	
NEW Owner	\$66	H_HFD017 \$66	
NEW Name	\$44	H_HFD018 \$44	
License Difference – Level 1 -> Level 2	\$181	H_HFD054 \$181	
License Difference – Level 2 -> Level 3	\$132	H_HFD055 \$132	
Plan Review (Level 1, Level 2, Level 3)	\$22-66	H_HFD023 Level 1 \$22, Level 2 \$44, Level 3 \$66	
Pre-opening Inspection (Level 1, Level 2, Level 3)	\$22-66	H_HFD024 Level 1 \$22, Level 2 \$44, Level 3 \$66	
Late Fee Payment (when >10 days past expiration date)	\$60	H_HFD010 \$60	
Above fees are based on an average time estimate. If time commitment exceeds the built-in time allotment, the facility will be billed on an hourly rate of \$132/hr. H_HFD051			

My signature below attests to the accuracy of the information provided above. It denotes intent to comply with all applicable state and local regulations. It is my understanding that the permit is non-transferable. Failure to fully complete this form or pay the correct permit fee will result in it being returned to the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_