Public Health & Social Services Department
Environmental Health Division
3000 Pacific Avenue SE Olympia, WA 98501-8809
Phone (360) 867-2667 Fax (866) 256-2139
TDD Line for the hearing impaired (360) 867-2603
Email: foodapplication@co.thurston.wa.us
Website: www.co.thurston.wa.us/health/ehfood

MOBILE FOOD UNIT RECIPROCITY APPLICATION

The mobile food unit reciprocity permit is a permit issued by Thurston County Public Health and Social Services Department to a mobile food unit (MFU) permit holder with a **valid mobile permit in another county**. The applicant may be required to submit additional restroom agreements as well as additional commissary agreements. While Thurston County will not charge a fee for plan review or conduct a pre-operational inspection, the annual permit fee is still required prior to issuing the MFU permit.

As you prepare your plans, please remember your attention to detail will assist staff in completing the review in a timely manner. It is important to make sure your plans are accurate, complete, and legible. To ensure that the following items have been provided in your application, please initial off each item from the check list prior to submitting them to the health department. Once complete, please mail or drop off the entire application to the address listed above. Please allow at least 2 weeks to complete the initial review.

MOBILE FOOD UNIT NAME: _____

Applicant(s) Contact Information:

Applicant Name: _____

Applicant Mailing Address: _____
Street Address City

Applicant Phone Number Home: _____ **Cell:** _____

Applicant Email Address (optional): _____

Owner(s) Contact Information: Check box if this is the same information as owner(s) above ☐

Owner Name: _____

Owner Mailing Address: _____
Street Address City

Owner Phone Number Home: _____ **Cell:** _____

Owner Email Address: _____

Relation to Project (i.e., co-owner, relative, associate, etc.): _____

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Date Rec'd ___/___/___ Fee_____ Receipt_____ Permit #_____Area_____

Commissary Information: Applicants may still be required to complete the commissary agreement form provided if proposing to use a different commissary than what was originally approved.

Commissary Name: _____Parcel# _____

Commissary Address: _____
Street Address City

Commissary Primary Contact: _____ Phone Number: _____

Commissary Sewage Disposal: ☐ City of _____ ☐ Approved On-site Septic System

Commissary Water Source: ☐ City of_____ ☐ Public Water Supply (Well) ID# _____

Mobile Food Unit Information:

Type of Mobile Food Unit: **☐ Pushcart (Hotdogs and Coffee Only) ☐ Vehicle ☐ Trailer**

Briefly Describe Menu Style of Food (i.e. american, italian, bbq, asian, greek, mexican, etc.):

_____

Overnight Storage Location: _____

Current Secondary Mobile Food Unit Permitting Fees:

Mobile Food Unit Annual Permit Fee –LOW RISK ……	**$410.00 (includes push carts, unoccupied and occupied mobiles with hotdogs and coffee only)**
Mobile Food Unit Annual Permit Fee –HIGH RISK ….....	**$704.00 (includes all other occupied and unoccupied mobiles)**

MOBILE FOOD UNIT RECIPROCITY APPLICATION CHECKLIST

INITIALS	ITEM	DESCRIPTION	(For Office Use Only)
	Current Primary Mobile Food Unit Permit	**Operating permit** • The current primary mobile food unit from original regulatory authority	
	Complete Approved Plan Review	**Submit a completed approved plan review from the original regulatory authority that includes:** • Menu and food preparation steps • Floor plan • Equipment specifications and location • Finish schedule • Source of water and specifications of the on-board plumbing • Site used for sewage disposal • Availability of restrooms for employees • Operating procedures • Cleaning schedule	
	Most Recent Inspection	**Submit a copy of the most recent inspection.** • The most recent inspection shall demonstrate compliance with food safety standards.	
	Commissary or Servicing Area Agreement	**Provide a signed commissary or servicing area agreement.** • The person in charge of a mobile food unit must operate DAILY from an approved commissary or servicing area and shall return to such location for supplies, thorough cleaning, and other approved food service activities as noted in the operating procedure, unless approved for exemption under RCW 43.20.148 or at a frequency approved under WAC 246-215-09100(3). • Submit current commissary agreements that are required to maintain your permit from the original regulatory authority. • Thurston County Public Health and Social Services may require additional commissary agreements. **Use the commissary/servicing area form provided.**	
	Restroom Agreement	**Provide a signed restroom agreement(s).** • This is required when the mobile food unit parks and operates at one location for over an hour. Restrooms shall be within 500 feet of the mobile food unit and be made available for all employees and customers when seating is provided. **Use the restroom agreement form provided.**	
	Other Jurisdictions and Government Agencies	**The applicant/owner has contacted other government agencies to obtain approval to operate.** • Written permission to operate by other government agencies is often determined by site location, cooking methods, size of unit or other additional requirements needing approval. Such agencies may include, but not limited to, county and/or city officials for planning, zoning, building, fire, or permitting.	
	Sale Location, Schedule	**Provide sales locations/schedule.** • Provide the address of each location(s) where the mobile food unit will park if at a fixed or routine site and schedule with times and days of week when operating. **Use the site location/schedule form provided.**	
	Misc.	• Cooling of any food items are prohibited unless prior approval is issued.	

The undersigned attests to the accuracy of the information provided in this application. The applicant agrees to comply with Chapter 246-215 Washington Administrative Code Food Service and Article II Rules & Regulations of the Thurston County Board of Health Governing Food Service and allow the regulatory authority access to the establishment as per the code requirements.

I, the undersigned, have read instructions provided, and understand and agree to the application process:

Applicant Signature: _____Print Name: _____ Date: _____

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MOBILE FOOD UNIT COMMISSARY / SERVICING AREA AGREEMENT

Mobile Food Unit Name: _____ Owner/Operator: _____

Hours and Days of Operation: _____

Time and Days at Commissary/Servicing Area: _____

This form is to be completed when the owner of the commissary (i.e. food establishment) or servicing area (i.e. approved business) agrees to provide specific services to support a mobile food unit (MFU) operation. Please refer to the guide to differentiate between the two types of agreements. This agreement between the commissary or servicing area owner and the MFU owner signifies that both parties agree that the following services shall be provided.

Approved Water Source	☐Yes ☐No
Approved Waste Water Disposal	☐Yes ☐No
Garbage/Trash Disposal	☐Yes ☐No
Dry Storage Space (adequate shelving provided)	☐Yes ☐No
Commercial Refrigeration (adequate shelving provided)	☐Yes ☐No
Ice Machine Availability	☐Yes ☐No
Food Preparation Sink Availability (with air gap)	☐Yes ☐No
Three Compartment Sink or Dishwasher Availability	☐Yes ☐No
Mop Sink Availability	☐Yes ☐No
Restroom Availability	☐Yes ☐No
Mobile Food Unit Storage Availability	☐Yes ☐No
After-hours accessibility (entrance key provided)	☐Yes ☐No

Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the MFU operating permit issued by Thurston County Public Health and Social Services (TCPHSS)**. This suspension is effective until a new agreement is provided and approved by TCPHSS.

MOBILE FOOD UNIT COMMISSARY (FOOD ESTABLISHMENT)/SERVICING AREA AUTHORIZATION:

Commissary /Servicing Area Name: _____
Commissary/Servicing Area Operation Hours and Days: _____
Address: _____ City: _____ Phone: _____

_____ _____
(PRINT NAME OF COMMISSARY/SERVICING AREA OWNER) (SIGNATURE OF COMMISSARY/SERVICNG AREA OWNER) (DATE)

_____ _____ ____
(PRINT NAME OF MOBILE FOOD UNIT OWNER) (SIGNATURE OF MOBILE FOOD UNIT OWNER) (DATE)

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FOOD UNIT RESTROOM AGREEMENT

Food Unit:

Food Unit Name: _____

Food Unit Site Location: _____ _____
(street address) (city)

Food Unit Hours and Days (at above location):_____

Current year of operation: _____ (Please submit a new agreement if you change locations)

Signature Food Unit Owner: _____

A mobile food unit parked at the same location for more than one hour and/or one that provides seating for customers MUST have restroom facilities within 500 feet of the mobile food unit. No crossing any major intersections or multiple lanes of traffic to reach the restroom. Restrooms shall have pressurized hot and cold water, soap, and single-use paper towels available. Both the operator and seating customers need access to restrooms during all hours of operation, including set up times. Failure to have any access may result in closure of the mobile food unit.

Please respond to the following questions below:

1. Is your food unit at the same location for more than one hour ❑ Yes ❑ No
2. Is customer seating provided nearby the food unit ❑ Yes ❑ No

If your answer is YES to one or both of the above questions, then food unit owner must obtain authorization from a nearby business to have access to their restroom(s).

Restroom Facility Location:

Business Name: _____ Owner's Name: _____

Physical Address: _____ City: _____

Business Phone Number: (_____)_____ Business Hrs and Days: _____

Approximate distance from food unit to restroom (feet): _____
Does the food unit owner/operator have access to these restroom(s) after hours: ❑ Yes ❑ No
Do customers of the food unit have permission to access these restrooms: ❑ Yes ❑ No

Authorization to Use Restroom Facilities:

_____
(Printed Name of Person Authorizing Food Unit to Utilize Restroom Facilities)

_____
(Signature of Person Authorizing Food Unit to Utilize Restroom Facilities) (Date)

(A separate form will be needed for each restroom location or if hours of operation are covered by multiple restroom agreements)

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Date Received:_____ Approved By: _____ Approval Months/Year:_____

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MOBILE FOOD UNIT SITE LOCATION(S) AND SCHEDULE

Mobile Food Unit Name: _____ Owner/Operator: _____

Mobile food units (vehicles, trailers, and pushcarts) permitted to operate in Thurston County must submit a site location/schedule where they intend to operate their mobile food unit, including days of the week and hours of operation.

A RESTROOM AGREEMENT IS REQUIRED IF OPERATING AT ANY LOCATION(S) FOR MORE THAN ONE HOUR. Restrooms shall not be located across from any major intersections or multiple lanes of traffic and shall be witin 500 feet to a business that is open with the same operating hours and days or access is available after hours.

Please list below all location(s) where the mobile food unit will operate.

Operating Site Location(s) Street Address and City	**Operating Hours and Days of Week Scheduled at Location(s) (approximately)**
Example: 3000 Pacific Ave, Olympia	Example: Monday through Friday, 8 am-3 pm

Note: If the mobile food unit location(s) or schedule changes, you must submit an updated itinerary to our office either in-person, by mail or email at the contact information shown above within 72 hours.
- Operating sites need either city or county approval, which may be based on traffic, parking, zoning, septic or other issues.