



TULALIP TAX & LICENSING DIVISION  
 6406 Marine DR NW - Tulalip, WA 98271  
 Office: 360.716.4209 - Fax: 360.716.0179  
 Email: TLD@TULALIPTRIBES-NSN.GOV

OFFICIAL USE ONLY

LIC NUMBER	OTHER LIC NUMBER	APPLICABLE YEAR
CHECK / MONEY ORDER #		RECEIPT NUMBER

## APPLICATION FOR FOOD SERVICE PERMIT

**PLEASE PRINT OR TYPE IN DARK INK. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.**

**\*ALL LICENSES EXPIRE DECEMBER 31 OF EACH YEAR.**

### A PAYMENT SUMMARY - Applications received without payment in full will not be accepted.

Enclose payment for total amount due. Application, inspection, and related fees can be combined in one payment made payable to <b>Tulalip Tribes / TLD</b> . License fees are not pro-rated and are nonrefundable.		APPLICATION FEE	<b>\$ 10.00</b>
Please choose: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> REMODEL <input type="checkbox"/> LOCATION CHANGE <input type="checkbox"/> PLAN REVIEW/OTHER _____		INSPECTION FEE(S)	\$
<b>CHART A - FULL-TIME ESTABLISHMENTS</b> <input type="checkbox"/> Class "A" Seating Capacity 126 + Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Plan Review <b>\$ 200.00</b> <input type="checkbox"/> Class "B" Seating Capacity 51 - 125 Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Plan Review <b>\$ 125.00</b> <input type="checkbox"/> Class "C" Seating Capacity 0 - 50 Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Plan Review <b>\$ 70.00</b>		OTHER FEE	+ \$ _____
<b>CHART B - PART-TIME ESTABLISHMENTS</b> <input type="checkbox"/> Facilities used less than <b>25</b> days per year and seasonal vendors      \$ 30.00		TOTAL AMOUNT PAID	\$ _____
<b>CHART C - TEMPORARY VENDOR</b> <input type="checkbox"/> One Day      \$ 10.00 <input type="checkbox"/> Two or Three Days      \$ 15.00 <input type="checkbox"/> Four to Seven Days      \$ 25.00		<b>Submit the following with application:</b> <b>1)</b> Application and Inspection Fees <b>2)</b> Floor and equipment plans (to scale drawing new applicants, and remodels) <b>3)</b> Copy of current menu - indicate if menu changes seasonally; provide sample or explanation <b>4)</b> Employee Sanitation Safety Plan <b>5)</b> Proof of Certificated Food Protection Manager(s) <b>6)</b> Food Handler Cards <b>7)</b> Proof of other required licenses (Off-site prep) <b>8)</b> Mobile Vendors - Contact 360.716.4211 for additional details	

### B GENERAL INFORMATION

Establishment Name		Registered Trade Name	
Physical Business Location, if different from above (Street or Route, City, State, Zip)			
City	State	Zip	Business Telephone Number ( ) -
Business Mailing Address ( Street or Route, P.O. Box, Suite # - Do not use building name)			
City	State	Zip	Alternate Phone Number ( ) -
WA State Unified Business ID Number (WA UBI #)	Federal I.D. Number (FIN)	Email Address:	

### C FACILITY OPERATIONS INFORMATION

<b>NEW ESTABLISHMENT / REMODEL / LOCATION CHANGE:</b> Date you plan to open/take over business: ____ / ____ / ____			
<b>DO NOT OPEN / OFFER FOOD SERVICE PRIOR TO SATISFACTORY INSPECTION:</b> New and remodeled food establishments must submit floor and equipment plans to the Tax & Licensing Division and obtain any permits required by Tulalip Zoning and Land Use Laws (TTC 7). Please allow 3-4 weeks for plan review and inspection(s). Applicant is responsible for scheduling the pre-opening health inspection with the Tulalip Health Inspector. To schedule your inspection, call 360.716.4204.			
<b>RENEWAL:</b> Has there been, or do you plan on any remodeling: <input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach items 2 and 4 from Section A			
<b>TEMPORARY VENDORS:</b> Will ALL foods be prepared at the temporary food site? <input type="checkbox"/> Yes <input type="checkbox"/> No - Provide a copy of license for establishment where food is prepared. How will electricity be provided to your operations? _____			
Are you considering allowing a 3rd party to sublet use of kitchen facilities? <input type="checkbox"/> No <input type="checkbox"/> Yes	Facility Size (Sq Ft):	Seating Capacity:	Meals Served (check all that apply) <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> CATER
Sewage Disposal: <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> ON-SITE Attach brief description	Water Source: <input type="checkbox"/> CONNECT TO PUBLIC WATER <input type="checkbox"/> ONSITE WATER FAUCET <input type="checkbox"/> WELL <input type="checkbox"/> OTHER Attach brief description		
<b>Hours of Operation</b> Th _____:_____ to _____:_____	<b>Total # of Employees:</b> _____		Waiters: _____
M _____:_____ to _____:_____ F _____:_____ to _____:_____	Food Handlers: _____		Other: _____
T _____:_____ to _____:_____ S _____:_____ to _____:_____	Managers: _____		Deliverers: _____
W _____:_____ to _____:_____ Su _____:_____ to _____:_____			



<p><b>Please check box that best describes this business:</b></p> <input type="checkbox"/> On-site Preparation – Permanent establishment <input type="checkbox"/> On-site Preparation – Temporary establishment <input type="checkbox"/> Catering- <b>Attach description of prep location and methods</b> <input type="checkbox"/> Delivery only of food items prepared at an off-reservation establishment <input type="checkbox"/> Off-site Preparation- <b>Attach license for location and description of prep methods</b> <input type="checkbox"/> On & Off Preparation- <b>Attach license for location and description of prep methods</b>	<p><b>Please check box that best describes this business:</b></p> <input type="checkbox"/> Child/Adult Care Facility <input type="checkbox"/> Community Kitchen <input type="checkbox"/> Public School <input type="checkbox"/> Government or Nonprofit <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar/Lounge/Club/Gaming <input type="checkbox"/> Grocery/Convenience Store <input type="checkbox"/> Espresso <input type="checkbox"/> Fully Contained Mobile Unit <input type="checkbox"/> Mobile Unit - limited operations <input type="checkbox"/> Temporary Vendor - Provide dates: <input type="checkbox"/> Mobile Unit- fully contained
Describe how equipment and utensils will be washed and sanitized: *If offsite, provide a copy of license and agreement for establishment where sanitation occurs	Start: _____ End: _____
_____	Describe how solid and liquid waste will be disposed of: _____
_____	_____
_____	_____

**D HANDLING, COOKING & TEMPERATURE CONTROL METHODS**

<p><b>How Will Potentially Hazardous Food be Thawed?</b></p> <p>Thawing method:                      <i>less than 1" thick</i>      <i>more than 1" thick</i></p> <p>Refrigeration (41° &amp; below)                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Continuously running water (70° &amp; below)                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Microwave &amp; immediately cooked                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Cook from frozen                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Other:                      <input type="checkbox"/>                      <input type="checkbox"/></p>	<p>Method for cooling food (45°): <input type="checkbox"/> Ice Bath      <input type="checkbox"/> Refrigerator at 2" to 4" Depth</p> <input type="checkbox"/> Other _____ <p>Explain how food will be handled during transport: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>Cooking &amp; Reheating Potentially Hazardous Food</b></p> <p>List all cooking &amp; reheating equipment and check all applicable boxes:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Equipment Name:</td> <td style="width:10%;">Cooking</td> <td style="width:10%;">Reheating</td> <td style="width:10%;">Frying</td> <td style="width:10%;">Other</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Equipment Name:	Cooking	Reheating	Frying	Other	_____	<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"/>	_____	<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"/>	<p><b>Hot and Cold Holding of Potentially Hazardous Food</b></p> <p>List all hot &amp; cold holding equipment and check all applicable boxes.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Equipment Name:</td> <td style="width:10%;">Hot</td> <td style="width:10%;">Cold</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Equipment Name:	Hot	Cold	_____	<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"/>
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<p><b>Eliminating contact with food with bare hands:</b></p> <input type="checkbox"/> Disposable Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Bakery Tissue <input type="checkbox"/> Other _____	<p>Will ice be used as a refrigerant for potentially hazardous foods? <input type="checkbox"/> No      <input type="checkbox"/> Yes</p> <p>If yes, describe food types, duration, where this will occur, and the source of the ice:</p> <p>_____</p> <p>_____</p>
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**E ADDITIONAL INFORMATION**

**INDIAN TRADERS LICENSE**  
 For information pertaining to Indian Trader's Licenses, please visit/ contact the Bureau of Indian Affairs, Puget Sound Agency at: 2707 Colby Avenue, Suite 1101, Everett, WA 98201 - (425) 258-2651

**SUPPLEMENTARY DOCUMENT REQUIREMENTS**  
 The Tax & Licensing Division may require proof of insurance, tribal enrollment, certification, permits, contracts, local, county, state, and federal licensure, vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Title 10.10

**HEALTH INSPECTIONS:** All new food facilities and vendors must pass inspection by the Tulalip Tribes Environmental Health Inspector BEFORE providing any services that include food and/or beverage items for human consumption. Established facilities and vendor are subject to an annual inspection upon expiration of any permit or license issued pursuant to Tulalip Food Service Sanitation Title 11 #11.20.

**F SIGNATURE REQUIRED** (Sole proprietor, partner(s), corporate officer(s), limited liability manager(s), or member(s))  
**Your signature attests to the accuracy of the information provided and that your business will comply with all applicable Tribal and Local Laws**

**BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:**  
 I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE TULALIP TRIBES AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.

Signature X	Printed Name	Title	Date
Application prepared by (Indicate if prepared by other than authorized owner, officer, manager, or member)		Phone (      )      -	
Signature of Preparer X	Title	Date	