



## Food Establishment Checklist

**ESTABLISHMENT MUST BE APPROVED BY  
LEWIS COUNTY PUBLIC HEALTH PRIOR TO OPENING**

Proposed Opening Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Name of Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Owner's E-mail Address \_\_\_\_\_

Establishment Address \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### City Business License

\_\_\_\_\_  
Authorized Signature                      Printed Name                      Agency                      Phone                      Date

### Water Supply

Physical connection is required for non-mobile food establishments.

Water System Name \_\_\_\_\_ State ID # \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature                      Printed Name                      Agency                      Phone                      Date

### Sewage Disposal

Physical connection is required for non-mobile food establishments.

☐ Municipal System Name \_\_\_\_\_

☐ Onsite System: O & M Permit # \_\_\_\_\_ Expiration \_\_\_\_\_ Not required \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature                      Printed Name                      Agency                      Phone                      Date

### Planning Department

\_\_\_\_\_  
Authorized Signature                      Printed Name                      Agency                      Phone                      Date

# Food Establishment Checklist

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### Building Department

Existing Construction: ☐ Meets Building Codes for proposed use

New Construction or Major Remodel: Final Occupancy/Approval Issued \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

### Fire Safety

☐ Meets Fire Codes for proposed use *(To be verified by Authority Having Jurisdiction.)*

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

-----  
☐ Fire and Emergency Vehicles can access this establishment *(To be verified by fire service agency providing service.)*

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

### Fats, Oils, & Grease (FOG) Equipment (Grease Trap)

☐ FOG Equipment Sufficient for Proposed Use

☐ FOG Equipment Not Required for Proposed Use

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**BY SIGNING BELOW, I CONFIRM THAT I HAVE SUBMITTED A COPY OF MY COMPLETE APPLICATION PACKET TO EACH OF THE DEPARTMENTS NOTED ABOVE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Date Checklist Received \_\_\_\_\_ Received by \_\_\_\_\_