



Washington State Department of Agriculture
 Food Safety Program
 1111 Washington Street · PO Box 42591
 Olympia, WA 98504-2591
 (360) 902-1876 · foodsafety@agr.wa.gov

CASHIER USE ONLY

APPLICATION FOR FOOD STORAGE WAREHOUSE LICENSE NEW LICENSE

4109

LICENSE EXPIRATION DATE: MARCH 31st

APPLICANT NAME AND MAILING ADDRESS	PHYSICAL LOCATION
------------------------------------	-------------------

<input type="checkbox"/> OWNER <input type="checkbox"/> MANAGER NAME <i>(Type or print)</i>	TELEPHONE NUMBER	EMAIL ADDRESS	COUNTY
---	------------------	---------------	--------

Firm operates as:

- Individual
 Partnership
 Cooperative
 Corporation

List name and address of all partners and/or officers below:

NAME	TITLE	ADDRESS <i>(Include City, State, Zip Code)</i>

If firm is out of state, provide name and address of individual residing in Washington State who is authorized to receive and accept service or summons and legal notice.

Name: _____

Address: _____

LICENSE FEE

The fee for this annual license is **\$200.00**, unless you are able to claim an exemption as described below.

I am remitting the **\$200.00** license fee.

You may qualify for a one hundred dollar license fee reduction if you have been inspected by the U.S. Food and Drug Administration (FDA), or agency other than WSDA for FDA's requirements under the federal regulations during the past year. Please call the department at (360) 902-1876 if you believe that you may qualify.

I am submitting information required to obtain a **\$100.00** license reduction.

You may qualify for an exemption from the license fee if you have hired an Approved Independent Sanitation Consultant to perform an inspection covering FDA's requirements over the past year. Exemption will require furnishing us with a copy of an inspection report made within the past year that includes findings, date of inspection, the name, address and signature of the consultant. If your request for exemption is approved you will be issued a license at no cost.

I am submitting required information to obtain a license at no cost.

APPLICANT STATEMENT

I certify that the above information is correct.

Signature of Applicant: _____

Title: _____

Date: _____

Total License Fee Remittance: \$ _____

NO REFUNDS after ten (10) business days

Checks returned by the bank will be charged a handling fee of \$25.00. (RCW 62A.3.515(a) and 62A.3.520.)

OFFICE USE ONLY

ISSUED _____ LICENSE NO. _____