



WHATCOM COUNTY HEALTH DEPARTMENT
**GUIDELINES FOR CHANGE
OF COMMISSARY**

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

This packet will help guide you through the steps to get a new commissary approved for your Food Service Establishment. This packet is intended as a guide only and may not answer all of your questions. If you have questions after reading this packet, please call our office at (360) 778-6000.

A Commissary means an approved Establishment where:

- Food is stored, prepared, portioned or packaged for service elsewhere.
- Utensils are cleaned and sanitized.
- A mobile unit obtains water and/or disposes of waste water.

Your project may also need approval from other agencies or departments. Be sure to contact the appropriate city or county building and planning departments or information on other permits or inspections required.

Complete and return the following information:

1. The application packet along with the \$126.00 + \$3.75 (3% Technology fee) = **\$129.78** (changing commissaries plan review fee, which covers the first hour of plan review. Additional review time will be billed at \$126.00 per hour.
2. A completed **commissary** or **servicing area** agreement (blank form is attached).
3. A list of equipment which includes all **refrigeration, cooking equipment, food warmers, sinks, ice machines, display cases, espresso machines, etc.** Please include the make and model numbers, if known. If you have not purchased the equipment, indicate whether you intend to buy commercial or residential style equipment.
4. A floor **plan drawn to scale** (show all dimensions), for your **commissary** which includes:
 - A site plan outlining the food preparation areas
 - the location of worktables and counters;
 - the **finish materials** for all areas;
 - the location of all **plumbing fixtures**; and
 - the location of the **ventilation system**.
5. The location of restroom facilities. Restroom facilities must be available for food workers.

Once this information has been reviewed, you will receive notice of either plan approval or of changes required for Health Department approval.

IMPORTANT!!
**CHANGES TO YOUR PLANS MAY BE REQUIRED. DO NOT PROCEED WITH
CONSTRUCTION OR REMODELING UNTIL APPROVAL HAS BEEN GRANTED.**



WHATCOM COUNTY HEALTH DEPARTMENT

FOOD SERVICE PLAN REVIEW APPLICATION

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
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Change of Commissary \$126 + \$3.78 (3% Technology fee) = \$129.78

Facility Name

Facility Address

City, State & Zip Code Phone #

Owner's Name

Owner's Mailing Address

Owner's Email Address Phone #

TYPE OF OWNERSHIP: Individual Corporation Partnership LLC
If partnership, corporation or LLC, Attach list of all partners or corporate officers as registered with State.

Accounts Payable Contact

Accounts Payable Mailing Address

City, State & Zip Code Phone #

Water Supply System Name (Specify Private Well or Name of Water System)

Sewage Disposal Method Sewer On Site Sewage (If OSS, complete info below)

GeoID / Tax Parcel Last ROSS Date

Projected Seating Capacity Number of Employees

Meals Served (Check all that apply): Breakfast Lunch Dinner Catering

Days Open for Business Operating Hours

New Construction / Remodel: Start Date Completion Date

Important: Please provide all materials requested at the time plans are submitted. Changes to your plans may be required. Do not proceed with construction until your project has been approved. I understand that, in consideration for the review of these materials by the Whatcom County Health Department, this application shall constitute a contract and a promise to pay all applicable fees as established by the Whatcom County Council.

Applicant's Signature Date

Office Use Only:

Received By Date Amount Paid Receipt #

DETAILED PLAN REQUIREMENTS

Site plan Include all areas of the food service establishment on a site plan. 8 1/2 X 11" or 11 X 17" format is acceptable. Architectural notes must be legible. Be sure to include the following for indoor and outdoor areas:

- Restrooms
- Seating areas and banquet rooms
- Location of tables
- Server stations
- Bar
- Bussing stations
- Remote storage, food preparation areas & equipment, and refrigeration
- Off-site storage or preparation facilities

Floor plan Include for food and beverage storage, preparation, and service area(s) – include enough detail to clearly show all equipment, fixtures, work areas, storage areas, etc. Be sure to include:

- Plans drawn to scale. Example: 1/4" = 1' (1/4 inch on the floor plan equals one foot in the food service establishment).
- Make and model numbers of all equipment.
- Three-compartment sink (*required*) - include drain boards for both soiled and clean utensils (show dimensions of sinks and drain boards).
- Dish machine (*optional*) - if a dish machine is provided, it must be commercial.
- Handwashing sink(s) (*required*) - must be located within the line of sight and no more than 25 feet from each work area. Note that handwashing sinks must provide water at a temperature between 100°F - 120°F that arrives within 15 seconds.
- Vegetable / ready-to-eat food preparation work station with sink(s) – required for rinsing produce and preparing ready-to-eat foods (show dimensions of sink).
- Raw meat / raw seafood preparation work station with sink(s) – required for thawing, purging, and preparing raw animal products (show dimensions of sink).
- Mop sink (*required*).
- Water treatment systems if applicable (*must meet appropriate ANSI-NSF standards*).
- Floor sinks and hub drains - note that indirect drainage is required for food preparation sinks, dish machines, ice machines, ice storage bins, cooler condensate, dip wells.
- Cooking equipment (*proper ventilation required – contact your local building services department*).
- Refrigeration (*commercial required*) - refrigeration capacity must be adequate to support proposed menu and preparation methods (list dimensions).
- Freezers (*may be non-commercial*).
- Hot holding equipment.
- Miscellaneous equipment - for example, mixer, blender, slicer, food processor, ice machine, soda fountain, milkshake machine, work tables, etc.
- Dry storage shelving - must be smooth, durable and easily cleanable.
- Hot water heater - make, model number, and capacity.
- Equipment schedule indexed to floor plan. See example floor plan.



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COMMISSARY AGREEMENT

A commissary means an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Whatcom County Health Department. Food code requires you to return to your commissary every day.

Persons wishing to operate at one of the following must submit this form for our review (check one):

- checkbox A mobile unit or push cart; or
checkbox A temporary food establishment requiring off-site or advanced food preparation; or
checkbox A temporary food establishment lasting two days or more; or
checkbox A farmer's market food vendor or processor stand; or
checkbox A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information

Commissary User information

Facility Name:
Contact Name:
Address:
City State Zip:
Phone Number:
Email Address:

Facility Name:
Contact Name:
Address:
City State Zip:
Phone Number:
Email Address:

Round trip mileage from commissary kitchen to service location and back: Miles

Afterhours accessibility - key provided to commissary user? Yes No

Commissary tasks (mark all that apply):

- checkbox Cooking foods
checkbox Hot Holding foods
checkbox Raw Meat/Seafood Prep
checkbox Vegetable / Ready to Eat Food Prep
checkbox Other Food preparation (trimming, assembly, re-portioning)
checkbox Dry Goods Food storage (i.e. shelving for dry goods)
checkbox Refrigerated Food storage (i.e. walk-in cooler, sandwich prep cooler)
checkbox Cooling of hot foods (If yes, which method: shallow pan or ice bath)
checkbox Other:
checkbox Potable water re-supply
checkbox Wastewater disposal
checkbox Cleaning of utensils
checkbox Restroom Available

I grant permission for to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business. The commissary owner consents to inspection of the facility by the Whatcom County Health Department.

Commissary operator signature Date

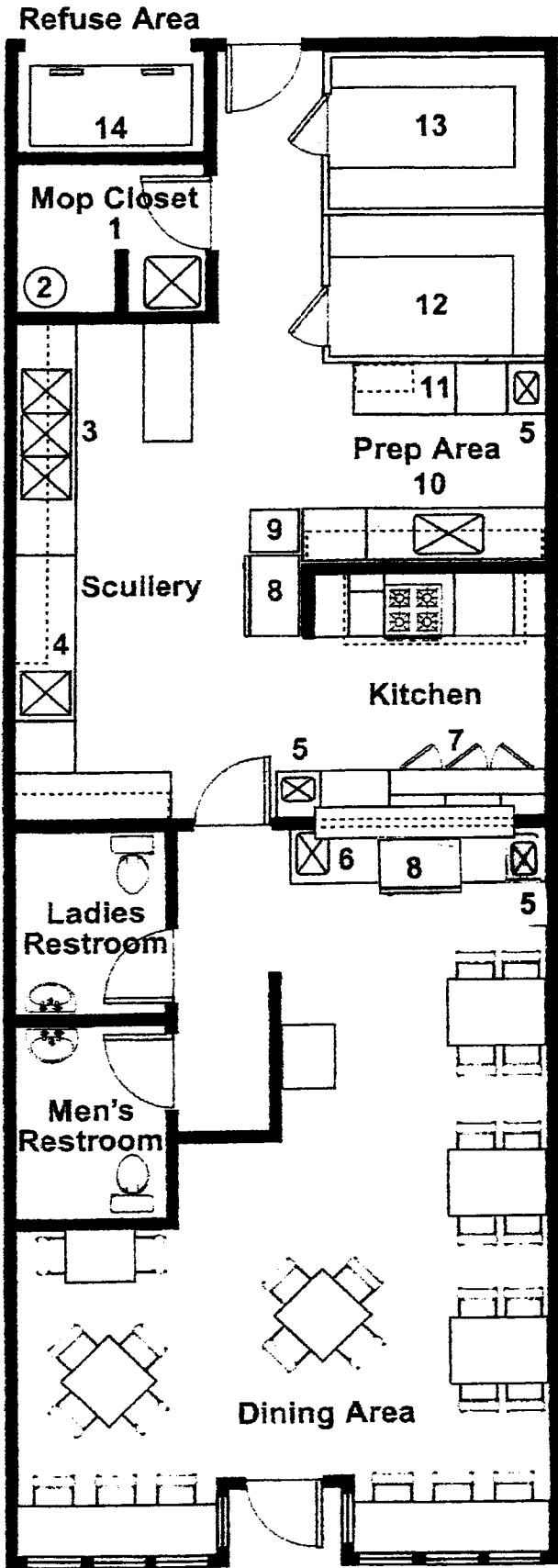
Commissary user signature Date

Comments:

Approved: Denied: Date: EHS: PR:

EXAMPLE Floor Plan

This plan is to be used as an example only.



	Equipment Schedule	Make	Model
1	Mop sink	Acme	MOP123
2	Hot water heater	Acme	HW-125
3	3 Compartment sink	Acme	SS-3COM
4	Dishwasher with pre-rinse sink	Acme	DW-123
5	Handwashing sink	Acme	HW101
6	Water fill station /dump sink	Acme	DS201
7	Prep cooler	Acme	PREP300
8	Reach in cooler with work top	Acme	REA300
9	Ice machine	Acme	ICE888
10	Produce prep sink	Acme	PS231
11	Work counter with slicer	Acme	SS-1
12	Walk in cooler	Acme	WI45
13	Walk in freezer	Acme	WF45
14	Garbage and recycle area	N/A	N/A
Scale: 1/8 inch = 1 foot			