



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
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## APPLICATION FOR FOOD STORAGE WAREHOUSE LICENSE NEW LICENSE

4109

**LICENSE EXPIRATION DATE: MARCH 31st**

APPLICANT NAME AND MAILING ADDRESS	PHYSICAL LOCATION
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<input type="checkbox"/> OWNER <input type="checkbox"/> MANAGER NAME <i>(Type or print)</i>	TELEPHONE NUMBER	EMAIL ADDRESS	COUNTY
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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: \_\_\_\_\_

<b>LICENSE FEES: Annual license is \$200.00</b>
<input type="checkbox"/> I am remitting the \$200.00 license fee.
<input type="checkbox"/> I am submitting information required to obtain a \$175.00 license reduction.  You may qualify for a fee reduction if you have been inspected by a federal agency or by a state agency acting on behalf of an under a federal agency and that is not exempted from licensure by RCW 69.10.020, the reduced license fee for the warehouse would then be twenty-five dollars. If you believe that you qualify for this reduction and have questions, please call the customer service line at (360) 902-1876 if you believe that you may qualify.
<input type="checkbox"/> I am submitting required information to obtain a license at no cost.  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.

<b>APPLICANT STATEMENT</b>
<i>I certify that the above information is correct.</i>
Signature of Applicant: _____
Title: _____
Date: _____
<b>Total License Fee Remittance:    \$ _____</b>
<b>NO REFUNDS after ten (10) business days</b>
<b>Checks returned by the bank will be charged a handling fee of \$25.00.</b> <i>(RCW 62A.3.515(a) and 62A.3.520.)</i>

<b>OFFICE USE ONLY</b>
ISSUED _____ LICENSE NO. _____