

Skagit County Public Health

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Mount Vernon, WA, 98273

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EH ID: _____

Fee: _____ Receipt #: _____

Received by: _____ Date: _____

MOBILE FOOD UNIT-Reciprocity Submission Form

This reciprocity submission form is a list of documents required to request plan review reciprocity for your mobile food unit. **Submit all items listed in the checklist. Incomplete applications will not be accepted. Allow 30 days for review.**

Facility name: _____

Primary County of operation for your mobile unit: _____

Where do you intend to operate in Skagit County? (check all that apply)

☐ Temporary events ☐ Set location ☐ Set route with multiple locations

✓	ITEM	DESCRIPTION
	Annual Permit Application	Completed Skagit County Health Annual Mobile Permit application.
	Current Operating Permit	Copy of your current annual operating permit from the primary county.
	Approved Original Plan Review	Copy of the completed, approved plan review from the primary county. Include the following: Approval letter from primary county Menu and food preparation steps Floor Plan, equipment list and finish schedule Source of water and on-board plumbing specifications Cleaning Schedule and wastewater disposal
	Most recent inspection report	Copy of the most recent food safety inspection report for the mobile food unit performed by the primary county demonstrating compliance with Washington State Retail Food Code.
	Commissary, Servicing Area, or Exemption	Copy of commissary agreement from the primary county including list of all the services provided by commissary. Note: a secondary commissary may be required if original commissary plan of operation is not able to be followed.
	Restroom agreement	Restroom agreement if the mobile food unit will be serving from a single site longer than 1 hour. Restrooms must be accessible at all times of operation and be located within 500 feet of serving location.
	L&I Approval	Copy of Washington State Department of Labor and Industries sticker

Note: Variances approved by another county are not transferrable and are not automatically approved by reciprocating counties.

By signing this form, you attest to the accuracy of this form and affirm that you will comply with Chapter 246-215 WAC. You agree to notify Skagit County Public Health in advance of changes in menu, equipment, operation, or ownership and any changes with your primary permit with the original local health jurisdiction.

Signature of applicant: _____ Printed name: _____

Date: _____ Phone: _____ Email: _____