



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 **\$135.96** (changing commissaries plan review fee, which covers the first hour of plan review. Additional review time will be billed at \$132.00 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

# Change of Commissary Plan Review Application

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

Fee: \$135.96

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 \_\_\_\_\_

Date: \_\_\_\_\_ Check #: \_\_\_\_\_  
Received By: \_\_\_\_\_ Receipt #: \_\_\_\_\_



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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):

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

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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):

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

