



# ADDENDUM # FP1 - Application for Food Permit

Please type or print in dark ink

The Tulalip Tribes of Washington  
 Community Development Department  
**TAX & LICENSING DIVISION**  
 6406 Marine DR NW  
 Tulalip, WA 98271  
 Telephone: (360) 716-4204

**BLANK SPACES ARE NOT PERMITTED. IF ANY ITEM IS NOT APPLICABLE, OR NO INFORMATION IS AVAILABLE, THE SPACE MUST BE MARKED TO INDICATE THAT. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.**

**FOR OFFICIAL USE ONLY:**

FOOD PERMIT No.	BUS LIC NUMBER	APPLICABLE YEAR	HEALTH INSPECTOR RECOMMENDATION: <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY
CHECK / MONEY ORDER #	RECEIPT NUMBER		INSPECTION DATE: ___/___/___ INSPECTOR: _____
TLD COMMENTS:			Reason for denial: _____
			# MINOR OFFENSES: _____ # MAJOR OFFENSES: _____
			Application Approved with SPECIAL CONDITIONS: <input type="checkbox"/> Yes (Attach) <input type="checkbox"/> N/A

## A PAYMENT SUMMARY

<p>Enclose payment for total amount due, including application and applicable penalty fees. Accepted forms of payment are cash, check, and money order made payable to <b>The Tulalip Tribes / TLD</b>. License fees are not pro-rated and are nonrefundable. Please choose:</p> <p><input type="checkbox"/> NEW ESTABLISHMENT <input type="checkbox"/> NEW OWNERSHIP <input type="checkbox"/> RENEWAL  <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> OTHER _____</p> <p><b>CHART A – PART-TIME EATING &amp; DRINKING FACILITIES</b></p> <p><input type="checkbox"/> Facilities used less than 25 days per year and seasonal vendors \$30.00</p> <p><b>CHART B – FULL-TIME EATING &amp; DRINKING FACILITIES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Class "A" Seating Capacity</td> <td style="text-align: center;">126 and Over</td> <td style="text-align: right;">\$ 200.00</td> </tr> <tr> <td><input type="checkbox"/> Class "B" Seating Capacity</td> <td style="text-align: center;">51 – 125</td> <td style="text-align: right;">\$ 125.00</td> </tr> <tr> <td><input type="checkbox"/> Class "C" Seating Capacity</td> <td style="text-align: center;">0 – 50</td> <td style="text-align: right;">\$ 70.00</td> </tr> </table> <p><b>CHART C – TEMPORARY EATING &amp; DRINKING FACILITIES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> One Day or Less</td> <td style="text-align: right;">\$ 10.00</td> </tr> <tr> <td><input type="checkbox"/> Two or Three Days</td> <td style="text-align: right;">\$ 15.00</td> </tr> <tr> <td><input type="checkbox"/> Four to Seven Days</td> <td style="text-align: right;">\$ 25.00</td> </tr> </table>	<input type="checkbox"/> Class "A" Seating Capacity	126 and Over	\$ 200.00	<input type="checkbox"/> Class "B" Seating Capacity	51 – 125	\$ 125.00	<input type="checkbox"/> Class "C" Seating Capacity	0 – 50	\$ 70.00	<input type="checkbox"/> One Day or Less	\$ 10.00	<input type="checkbox"/> Two or Three Days	\$ 15.00	<input type="checkbox"/> Four to Seven Days	\$ 25.00	<p><b>FEE</b></p> <p>APPLICATION FEE     \$ <b>10.00</b></p> <p>INSPECTION FEE(s)     \$</p> <p>TOTAL AMOUNT PAID \$</p> <p><b>Submit the following with application:</b></p> <ol style="list-style-type: none"> <li>1.) Floor and equipment plans (to scale drawing new applicants, and remodels)</li> <li>2.) L &amp; I Inspection (Mobile Units)</li> <li>3.) Copy of current menu – indicate if menu changes seasonally, provide sample or explanation</li> <li>4.) Employee Sanitation Safety Plan</li> <li>5.) Food Handler's Cards</li> <li>6.) Application and Inspection Fees</li> </ol>
<input type="checkbox"/> Class "A" Seating Capacity	126 and Over	\$ 200.00														
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<input type="checkbox"/> Two or Three Days	\$ 15.00															
<input type="checkbox"/> Four to Seven Days	\$ 25.00															

## B GENERAL INFORMATION

Firm/Trade Name			
Business Mailing Address ( Street or Route, P.O. Box, Suite # - Do not use building name)			
City	State	Zip	Business Telephone Number ( ) -
Physical Business Location, if different from above (Street or Route, City, State, Zip)			FAX Number ( ) -
County	Your Federal I.D. Number (FIN)		Total number of business location's you have on the Tulalip Indian Reservation
Is this Business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Number of Employees:		
<b>NEW ESTABLISHMENT / NEW OWNERSHIP:</b> Date you plan to open/take over business: ___/___/___			
Water Source (check one) <input type="checkbox"/> Public <input type="checkbox"/> Well		Sewage Disposal (check one) <input type="checkbox"/> Public Sewer <input type="checkbox"/> On-Site	
Seating Capacity: _____		Facility Size (Sq Ft): _____	
<b>REWEWAL :</b> Has there been, or do you plan on any remodeling: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach items 1, 2, and 4 from Section A, above			
<b>NOTE:</b> New and remodeling food establishments must submit two copies of floor and equipment plans to be filed with the Tax & Licensing Division and Tulalip Health Inspector and obtain any required permits under Tulalip Land Use Title 7. Please allow 3-4 weeks for Health Inspector plan review prior to building, etc. to ensure plans are adequate, or allow for modifications that may be required. Applicant is responsible for scheduling pre-opening inspection with Tulalip Health Inspector by contacting <b>Vince Cooke at 360.716.5129.</b>			
<b>DO NOT OPEN WITHOUT TULALIP TRIBES / IHS APPROVAL</b>			

**“MOBILE” BUSINESS** Do primary business activities include the operation of a vehicle / mobile unit traveling from place to place to offer sale of products?  YES  NO  
**If yes, attach a copy of a valid WA State Drivers License for each person operating vehicle / mobile unit within the exterior boundaries of the Tulalip Reservation, and a separate sheet providing description of all vehicles / mobile units used for this purpose. Description shall include at minimum the make, model, year, license number, color, and affixed signage, advertisement, and/or other identifying marker for each vehicle / mobile unit.**

**Please check box that best describes this business:**  
 On-site Preparation – Permanent establishment  
 On-site Preparation – Temporary establishment  
 Catering – **Attach description of prep location and methods**  
 Delivery only of food items prepared at an off-reservation establishment  
 On and Off-site Preparation – **Attach description of prep location and methods**

**Please check box that best describes this business:**  
 Child or Adult Care Facility  Community Kitchen  
 Public School  Government or Nonprofit Facility  
 Restaurant  Bar/Lounge/Club  
 Grocery/Convenience Store  Seasonal Produce  
 Temporary Vendor - Provide dates below

Start: \_\_\_\_\_ End: \_\_\_\_\_

**Total # of Employees:** \_\_\_\_\_  
 Food Handlers: \_\_\_\_\_ Deliverers: \_\_\_\_\_  
 Min. staff per shift: \_\_\_\_\_ Max. staff per shift: \_\_\_\_\_

**Hours of Operation:**  
 M \_\_\_\_\_:\_\_\_\_\_: to \_\_\_\_\_:\_\_\_\_\_: F \_\_\_\_\_:\_\_\_\_\_: to \_\_\_\_\_:\_\_\_\_\_:  
 T \_\_\_\_\_:\_\_\_\_\_: to \_\_\_\_\_:\_\_\_\_\_: S \_\_\_\_\_:\_\_\_\_\_: to \_\_\_\_\_:\_\_\_\_\_:  
 W \_\_\_\_\_:\_\_\_\_\_: to \_\_\_\_\_:\_\_\_\_\_: Su \_\_\_\_\_:\_\_\_\_\_: to \_\_\_\_\_:\_\_\_\_\_:  
 Th \_\_\_\_\_:\_\_\_\_\_: to \_\_\_\_\_:\_\_\_\_\_:

**C HANDLING, COOKING & TEMPERATURE CONTROL METHODS**  
 (i.e. Stove Top, Wok, Deep Fryer, Steamer, Oven, Smoker, BBQ, Gas Grill, Microwave, Hot Case, Steam Table, Refrigerator, Ice, Ice Bath, Freezer)

**How Will Potentially Hazardous Food be Thawed?**  
*Thawing Method Food less than 1" thick Food more than 1" thick*

Refrigeration	_____	_____
Running water (<70°F)	_____	_____
Microwave	_____	_____
Cook from frozen	_____	_____
Other:	_____	_____

Explain how food will be handled during transport: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Method for cooling food (45°):  Ice Bath  Refrigerator at 2" to 4" Depth  
 Other: \_\_\_\_\_

**Cooking & Reheating Potentially Hazardous Food**  
 List all cooking & reheating equipment and check all applicable boxes:

Equipment Name:	Cooking	Reheating	Frying	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Hot and Cold Holding of Potentially Hazardous Food**  
 List all hot & cold holding equipment and check all applicable boxes.

Equipment Name:	Hot	Cold
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**Eliminating contact with food with bare hands:**  
 Disposable Gloves  Utensils  Bakery Tissue  Other (list) \_\_\_\_\_  
 Will ice be used as a refrigerant for potentially hazardous foods?  Yes  No If yes, describe food types, duration, where this will occur, and the source of the ice.  
 \_\_\_\_\_  
 \_\_\_\_\_

**D ADDITIONAL INFORMATION**

**TERO COMPLIANCE PLAN** **TERO (360) 716-4747**  
**Tulalip TERO Title 9 #9.05:** TERO is the Equal Employment Opportunity Commission Representative (EEOC) on the Tulalip reservation. Tulalip TERO laws and ordinances enforce specific requirements upon businesses, contractors, and subcontractors doing business within the exterior boundaries of the Tulalip Reservation including regulating their employment practices and obligating them to provide preference in recruiting, hiring, training and promotions to certified Native Americans.

**QUIL CEDA VILLAGE / TRIBAL GAMING AGENCY**  
**QCV:** Businesses and vendors operating within the boundaries of the Consolidated Borough of Quil Ceda Village (QCV) are required to enter into a lease agreement and/or obtain a special operators license. For more information, contact the QCV Business Park at 360.716.5000.  
**TGA:** Vendors providing services at or for any of the Tulalip Casino or Bingo entities are required to obtain a vendors license issued by the Tribal Gaming Agency (TGA). For more information, contact the Tulalip TGO Office at 360.716.2000.

**CIGARETTE, LIQUOR, FIREWORKS, BUSINESS, AND TRANSIENT ACCOMMODATIONS LICENSE REQUIREMENTS**  
**Tulalip Tribes Cigarette Title 12 #12.10:** LICENSE REQUIRED  
**Tulalip Tribes Liquor License Title 10 #10.35 and Tulalip Liquor Regulations:** LIQUOR LICENSE(S) REQUIRED  
**Tulalip Fireworks Code Title 10 #10.25:** WHOLESALE AND RETAIL LICENSE(S) REQUIRED- Sale of retail fireworks in Tulalip is restricted to enrolled members of the Tulalip Tribes of WA; sale of wholesale fireworks is unrestricted.  
**Tulalip Tribes Business License Title 10 #10.10:** BUSINESS LICENSES ARE REQUIRED FOR ALL BUSINESSES OPERATING **OR** PROVIDING SERVICES WITHIN THE EXTERIOR BOUNDARIES OF THE TULALIP RESERVATION.  
**Tulalip Tribes Transient Accommodation Ordinance Title 10 #10.40:** LICENSE REQUIRED

**INDIAN TRADERS LICENSE**

For information pertaining to Indian Trader's Licenses, please visit/ contact the Bureau of Indian Affairs, Puget Sound Agency at:  
2707 Colby Avenue, Suite 1101, Everett, WA 98201 - (425) 258-2651

**SUPPLEMENTARY DOCUMENT REQUIREMENTS**

The Tax & Licensing Division may require proof of insurance, tribal enrollment, certification, permits, contracts, other licensure (local, county, state, and federal), vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Title 10 #10.10

**HEALTH INSPECTIONS:** All new food facilities and vendors must pass inspection by the Tulalip Tribes Environmental Health Inspector BEFORE providing any services that include food and/or beverage items for human consumption. Established facilities and vendor are subject to an annual inspection upon expiration of any permit or license issued pursuant to Tulalip Food Service Sanitation Title 11 #11.20.

**FOR MORE INFORMATION OR TO SCHEDULE AN INSPECTION CONTACT MIKE COONEY AT 360.716.5066**

**INCOMPLETE AND ILLEGIBLE FORMS WILL NOT BE ACCEPTED / PROCESSED**

Incomplete and/or illegible applications and/or failure to remit fee or required supplemental documents are not accepted and may result in penalty fees.

**E SIGNATURE REQUIRED** (*Sole proprietor, partner(s), corporate officer(s), limited liability manager(s), or member(s)*)

**Your signature attests to the accuracy of the information provided and that your business will comply with all applicable Tribal and Local Laws**

**BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:**

I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE TULALIP TRIBES AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.

Signature X	Printed Name	Title	Date
Signature X	Printed Name	Title	Date
Application prepared by ( <i>Indicate if prepared by other than authorized owner, officer, manager, or member</i> )		Telephone Number (    )    -	
Signature of Preparer X		Title	Date