

Commercial:

- Temporary Event: \$75.00
- Low Risk Menu: \$50.00
- Limited Risk Menu: \$25.00

Benevolent (Non-Profit): \$15.00



Whitman County Public Health
 Environmental Health Division
 N. 310 Main Street
 Colfax, WA 99111
 PHONE: 509.397.6280 FAX: 509.397.6239
 EMAIL: EH@WhitmanCounty.Net

OFFICE USE ONLY:
FEE _____
RECIPT # _____
DATE REC'D _____
DATE SENT _____

TEMPORARY FOOD SERVICE APPLICATION

Temporary Food Service is limited to not more than twenty-one consecutive days of operation at a fixed location in conjunction with a single event or celebration.

1. EVENT: _____ COORDINATOR: _____
2. PHONE: _____ ORGANIZATION/FOOD SERVICE REPRESENTED: _____
3. APPLICANT'S NAME: _____ PHONE: _____ EMAIL: _____
4. APPLICANT'S ADDRESS: _____ CITY: _____ ZIP: _____
5. PROPOSED LOCATION: _____ BEGINNING DATE: _____
6. BEGINNING TIME: _____ ENDING DATE: _____
7. ESTIMATED NUMBER OF CUSTOMERS SERVED PER DAY: () less than 50 () more than 50 () more than 100
8. DO YOU PLAN **ADVANCED** PREPARATION: () YES, () NO IF YES, WHERE? _____
9. ADVANCED PREP BEGINS: DATE: _____ TIME: _____ ENDS: DATE _____ TIME: _____

FOOD ITEMS TO BE SERVED	OFF SITE PREP YES or NO	ON SITE PREP YES or NO	COOKING PROCEDURES	HOLDING HOT or COLD	SERVING HOT or COLD

NOTE: LATE ADDITIONS TO THE MENU MUST BE APPROVED BY THE HEALTH DEPARTMENT

10. COLD HOLDING EQUIP: _____ HOT HOLDING EQUIP: _____
11. COOKING EQUIP: _____ REHEATING EQUIP: _____
12. IF FOOD IS TRANSPORTED TO THE FOOD SERVICE SITE, WHAT IS LENGTH OF TIME IN TRANSPORT?
 _____ HOW IS FOOD KEPT HOT OR COLD? _____
13. STEM-TYPE (O-220 DEGREES F) FOOD THERMOMETER AVAILABLE? () YES () NO
14. PUBLIC WATER SUPPLY USED: _____ WASTEWATER DISPOSAL: () SEWER () HOLDING TANK
 NOTE: ALL HOSES USED IN CONJUNCTION WITH WATER SUPPLY **MUST** BE FOOD GRADE MATERIAL.
15. HANDWASHING FACILITIES: () PLUMBED SINK () GRAVITY FLOW CONTAINER
16. UTENSIL WASHING FACILITIES: () 3-COMPARTMENT SINK or () 3 TUBS
17. SANITIZING SOLUTION: () BLEACH-WATER or () OTHER _____
18. GARBAGE DISPOSAL: () CANS or () DUMPSTERS LOCATION OF TOILETS _____
19. THE SHIFT SUPERVISOR AND THE PERSON IN CHARGE OF FOOD PREPARATION **MUST** POSSESS AND HAVE PRESENT, A VALID FOOD AND BEVERAGE WORKERS PERMIT. **No bare hand contact of ready to eat foods permitted.**

PERSON IN CHARGE: _____ COUNTY & EXPIRATION DATE: _____

SHIFT SUPERVISORS: _____ COUNTY & EXPIRATION DATE: _____

_____ COUNTY & EXPIRATION DATE: _____

I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements, a copy which I have received.

APPLICANT'S SIGNATURE: _____ DATE _____ APPROVED BY: _____