



Wahkiakum County Health and Human Services
42 Elochoman Valley Rd / PO Box 696
Cathlamet, WA 98612
360-795-6207 Fax 360-795-6224

Application for an Annual Temporary Food Service Permit

This form must be completely filled out, signed and **submitted with fee at least 14 days prior to the event.** Late or incomplete applications will result in additional fees, processing delays, and/or restrictions to your permit.

CONCESSION OPERATOR INFORMATION

Organization/Business Name _____
Applicant/Person in Charge Name _____
Phone _____ Alternate Phone _____ Email _____
Applicant Mailing Address _____ City _____ State ____ Zip _____
Event Address/Location: _____
Describe Facility: Tent Mobile Unit Building Other _____

ANNUAL EVENTS MUST HAVE THE SAME MENU AND BE AT THE SAME LOCATION FOR EACH EVENT.

DATES AND TIMES OF FOOD SERVICE AND PREPARATION (NO OFFSITE PREPARATION ALLOWED WITHOUT PREAPPROVAL BY HEALTH DEPARTMENT)

Food Service Date(s) _____ Food Service Time(s) _____
Preparation Date(s) _____ Preparation Time(s) _____
If food is purchased in advance where will it be stored? _____

MENU (SEE PACKET FOR EXAMPLE)

LIST ALL FOOD AND BEVERAGES TO BE SERVED OR SOLD ON THE HANDLING PROCESS FOR EACH MENU ITEM PAGE. Attach additional pages if needed.

EVENT INFORMATION

Event Name _____
Event Coordinator _____
Coordinator Contact: Work Phone _____ Cell Phone _____
Coordinator Email _____

Annual Temporary Event Food Permit Fees

\$50.00 NON-PHF/ LIMITED FOODS
\$20.00 NON-PHF/ LIMITED FOODS (NONPROFIT)
\$100.00 LOW/MODERATE HAZARD FOODS
\$60.00 LOW/MODERATE HAZARD FOODS (NONPROFIT)
\$230.00 HIGH HAZARD EVENT
\$115.00 HIGH HAZARD EVENT (NONPROFIT)

Late Fees

\$30 received 7-13 days prior to event
\$45 received 3-6 days prior to event
\$60 received 0-2 days prior to event

SIGNATURE NEEDED ON LAST PAGE

HANDLING PROCESS FOR EACH MENU ITEM

List all food & beverage items, ingredients, and retail sources	Amount of Product	Is there Off site prep and/or storage	How will food be transported	Thermometer Required when Cooking or Hot/Cold Holding				Describe handling and customer service of each menu item
				Describe cold holding and specify temps	Describe on-site food prep for each listed menu item including cooking and assembling	Cook temps	Describe how food will be kept hot and specify temps *No Cooling Allowed*	
#1								
#2								
#3								
#4								
#5								

Attach Additional sheets if needed.

Equipment Page

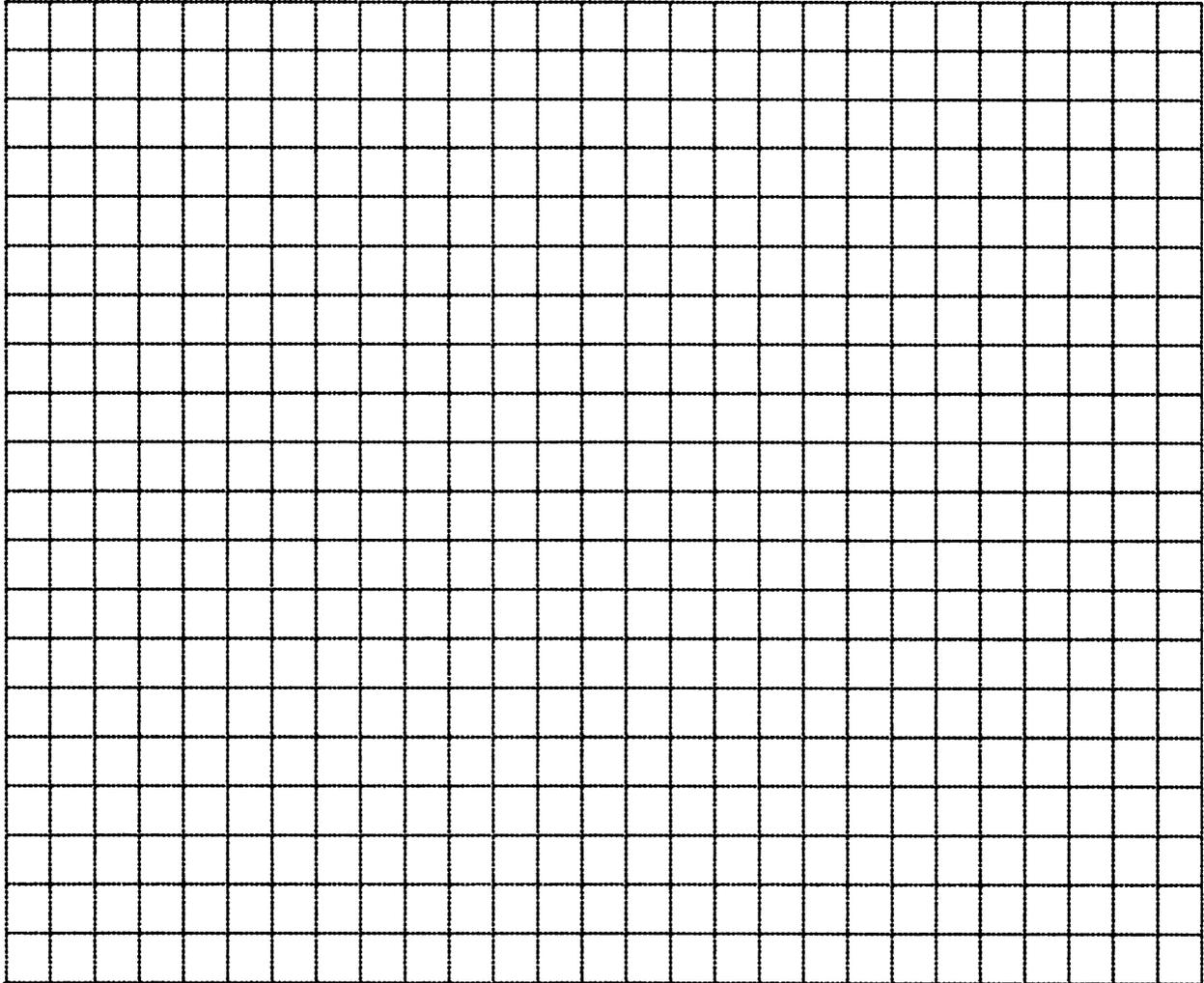
Mark all items that apply

EQUIPMENT TYPE	NUMBER	COMMENTS
Cold Holding		
Ice chests (pre-chill foods prior to transport)		
Refrigerator		
Freezer		
Other (Describe in comments)		
Cooking		
Grills/ BBQ		
Stove		
Oven		
Other (Describe in comments)		
Hot Holding		
Steam table		
Crockpot		
Burner		
Chafing Dishes (Indoor use only)		
Electric Roaster		
Other (Describe in comments)		
Thermometers		
Stem-type		
Thin Tip-Sensitive (Required for thin foods)		
Refrigerator/Cooler Thermometers		
Handwashing		
Plumbed Handwash sink		
Continuous Flow (no push button)		
Handwashing sign for posting		
Water Heating Equipment		
Food Preparation Sink		
Plumbed sink		
Continuous Flow Water Container		
Other		
Water Supply		
Wastewater Dumping Location		
WA State Food Worker Cards (attach a copy)		
Gloves		
Offsite location? Commissary agreement		
Sanitizer (Describe in comments)		
Power Supply		

BOOTH FLOOR PLAN – DRAW TO SCALE

Show and Label Locations of all Equipment including:

- Equipment (Grill, Hot holding, refrigerator)
- Handwashing Station
- Utensil Washing Station
- Use Entire Area (Must be Large Enough to See)



I understand that all food for this event must be prepared on-site the day of the event. I have read and agree to follow all requirements to operate a temporary food establishment; Consent to inspection by the Wahkiakum Co. Health Department, issuance and retention of this permit is dependent upon satisfactory compliance with state and local temporary food service requirements.

Signature of Authorized Person _____ **Date** _____

Printed Name _____ **Phone Number** _____