



WAHKIAKUM COUNTY HEALTH AND HUMAN SERVICES

Elochoman Campus: 42 Elochoman Valley Rd. Cathlamet, WA 98612
Phone: 360-795-8630
ehs@co.wahkiakum.wa.us

Application for a Temporary Food Service Permit

This entire form must be filled out, signed, and submitted with payment at least 14 days prior to event.
Late or incomplete applications will result in additional fees, processing delays, and/or restrictions on 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: _____
Facility Type: Tent Mobile Food Unit Building Other _____

Dates and Times of Food Service and Preparation

(No off-site food preparation allowed without pre-approval by Health & Human Services)

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: List all food and beverages to be served: _____

Event Information

Event Name: _____
Event Coordinator Name: _____
Coordinator Phone: _____ Coordinator Email: _____

SIGNATURE REQUIRED ON LAST PAGE

OFFICE USE ONLY				
<input type="checkbox"/> Limited Foods	<input type="checkbox"/> Non-Profit Low Hazard	<input type="checkbox"/> Non-Profit High Hazard		
<input type="checkbox"/> Com Low Hazard	<input type="checkbox"/> Com High Hazard	<input type="checkbox"/> DFDO	<input type="checkbox"/> Permitted Caterer	
<input type="checkbox"/> Annual Food Sampling/Grocery				
<input type="checkbox"/> Recurring High Hazard				<input type="checkbox"/> Recurring Low Hazard
<input type="checkbox"/> N/A				
<input type="checkbox"/> Field Issue & DBL Permit Fee				
Staff: _____ (review of fees only)		Fee Amount: _____	Fast Track Fee: _____	
Total Fee: _____	Date Paid: _____	Clerk Initials: _____	Client ID #: _____	

OFFICE USE ONLY

Equipment - Mark All Items That Will Be Used

Equipment Type	Number	Comments
Cold Holding		
<input type="checkbox"/> Ice Chests (pre-chill foods prior to transport)		
<input type="checkbox"/> Refrigerator		
<input type="checkbox"/> Freezer		
<input type="checkbox"/> Other (Describe in comments)		
Cooking		
<input type="checkbox"/> Grills/BBQ		
<input type="checkbox"/> Stove		
<input type="checkbox"/> Oven		
<input type="checkbox"/> Other (describe in comments)		
Hot Holding		
<input type="checkbox"/> Steamtable		
<input type="checkbox"/> Crockpot		
<input type="checkbox"/> Burner		
<input type="checkbox"/> Chafing Dishes (indoor use only)		
<input type="checkbox"/> Electric Roaster		
<input type="checkbox"/> Other (describe in comments)		
Thermometers (Calibrate Before Event)		
<input type="checkbox"/> Stem-Type		
<input type="checkbox"/> Thin Tip-Sensitive (Required for Thin Foods)		
<input type="checkbox"/> Refrigerator/Cooler Thermometers		
Handwashing		
<input type="checkbox"/> Plumbed Handwash Sink		
<input type="checkbox"/> Continuous Flow (no push button)		
<input type="checkbox"/> Handwashing Sign for Posting		
<input type="checkbox"/> Water Heating Equipment		
Warewashing/Utensil Washing		
<input type="checkbox"/> 3 Compartment Sink		
<input type="checkbox"/> 3 Tubs		
<input type="checkbox"/> Commercial Dishwasher		
<input type="checkbox"/> Test Strips for Sanitizing Solutions		
<input type="checkbox"/> Sanitizer for Wiping Cloths		
Food Preparation Sink		
<input type="checkbox"/> Plumbed Sink		
<input type="checkbox"/> Continuous Flow Water Container		
Other		
<input type="checkbox"/> Water Supply		
<input type="checkbox"/> Potable Drinking Hose		
<input type="checkbox"/> Waste Water Dumping Station		
<input type="checkbox"/> WA State Food Worker Cards (required for <u>everyone</u> handling food)		
<input type="checkbox"/> Food Storage Offsite Location		
<input type="checkbox"/> Commissary Agreement for Offsite Location		
<input type="checkbox"/> Gloves		

Handling Process for Each Menu Item

				Thermometer required when cooking or hot/cold holding					
List all food & beverage items, including ingredients	Retail Source	Amount of Product	Off-site prep and/or storage?	How will food be transported?	Describe cold holding and specify temps	Describe on-site food prep for each listed menu item, including cooking & assembling	Internal cook temps	Describe how food will be kept hot and specify temps *NO COOLING ALLOWED*	Describe handling and customer service of each menu item
1.			Yes / No						
2.			Yes / No						
3.			Yes / No						

4.			Yes / No						
5.			Yes / No						
6.			Yes / No						
7.			Yes / No						

Booth Floor Plan – Draw to scale and use the entire area (must be large enough to see)

Show and label locations of all equipment including:

- Equipment (Grill, Stove, Refrigerator)
- Handwashing station
- Utensil washing station



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 concession and consent to inspection by Wahkiakum County Health & Human Services. The issuance and retention of this permit is dependent upon satisfactory compliance with state and local food service requirements.

Signature of Authorized Person: _____ Date: _____

Printed Name: _____