



ENVIRONMENTAL HEALTH DIVISION - FOOD SAFETY

Temporary Food Establishment Application

Event Info

Event: _____

Event Address/Location: _____

Event Start Date & Time: _____ Event End Date & Time: _____ Total number of days: _____

Expected Number of Customers: ☐ less than 50 ☐ more than 50 ☐ more than 100

Contact Info

Name of Organization: _____ Non-Profit Organization?: ☐ Yes ☐ No

Person in Charge (PIC): _____ Does PIC have a Food Worker Card?: ☐ Yes ☐ No

Mailing Address for Permit: _____

Contact Phone Number: _____ Email Address: _____

Venue Info

Type of Facility (check one): ☐ Permanent commercial kitchen ☐ Mobile Unit ☐ Temporary Booth

Handwashing facility for Temporary Food Event will be: ☐ Plumbed Sink ☐ Gravity Flow Sink

The equipment used to clean utensils: ☐ 3 compartment Sink ☐ 3 tubs ☐ Disposable Utensils only

What equipment will be used during the transport and time of service (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Coolers with Ice | <input type="checkbox"/> Hot Holding Unit | <input type="checkbox"/> Held on grill until served |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Crock Pot | <input type="checkbox"/> Served immediately after cook |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Steam Table | <input type="checkbox"/> Other: _____ |

How will garbage be disposed: _____ How will waste water be disposed: _____

Will there be ADVANCED food preparation: ☐ Yes ☐ No If YES, date and time of prep: _____

Location of advanced prep: _____

Additional Info

- | | |
|---|--|
| Will bleach (50-200 ppm) sanitizer solution be used to clean food and contact surfaces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the proper sanitizer strips be available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will a metal probe thermometer that reads 0-220F be available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will there be restrooms for food workers within 200 ft with hot and cold running water? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the hot holding unit(s) be capable of holding food above 135F? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will cold holding unit(s) be capable of holding food below 41F? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will food-grade disposable gloves, or utensils be available for handling ready to eat food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with the WAC 246-215, and will allow Whitman County Public Health access to the establishment. You agree to notify Whitman County Public Health in advance of changes in menu, equipment, date and location. Incomplete applications will not be processed.

Applicant Signature: _____ **Date:** _____

Required Submittal Items: **1. This application** - completed and signed. **2. Fee payment** - fees must be paid before a permit is issued.

Applications received less than five business days prior to event may be rejected.

List all food items to be served (attach additional items on separate sheet):

Food Item	Food Preparation	Cooking Procedures			Holding	Serving
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> On Site <input type="checkbox"/> Advanced	<input type="checkbox"/> Thawed <input type="checkbox"/> Cooled	<input type="checkbox"/> Portioned <input type="checkbox"/> Reheated	<input type="checkbox"/> Cooked <input type="checkbox"/> Other	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Hot <input type="checkbox"/> Cold

Booth Sketch/Floor Plan

Sketch in the top view (overhead) and identify and label features in your booth including hand wash facilities, cooking equipment, hot and cold holding equipment, refrigeration (including ice chests), worktables and preparation area, storage areas, sanitizing solution bucket locations and serving areas.