



# days	Low risk	High risk
1	\$39.00	\$72.00
2	\$70.00	\$100.00
3	\$156.00	\$195.00
4-8	\$203.00	\$234.00
Sampling	\$26.00	\$26.00

TEMPORARY FOOD SERVICE APPLICATION

*Applications with fee must be received at the Health Department 7 days prior to event to avoid late charge...\$25.00

FOOD SERVICE EVENT INFORMATION 2010

Event: _____ Location (address): _____

Start Date/Time: _____ / _____ am/pm End Date/Time: _____ / _____ am/pm

Organization/Food Service Establishment Name: _____

Applicant's Name: _____ phone: _____ email address: _____

Applicant's Address: _____ City _____ State _____ Zip _____

Person(s) In Charge on site (must have WA state foods worker card): _____

Type of Facility: Permanent Kitchen Mobile Unit Temporary Booth

Will there be advanced preparation off-site? yes no

If yes, please provide the location where food preparation will take place and a letter stating you are allowed to use the facility.
[if kitchen is outside of Island County, you must submit with your application a copy of the facility's permit]

Name of Facility: _____ Address: _____

Date(s) of preparation: _____ Time: _____ (example: 8am-2pm)

FOOD PREPARATION PROCEDURES & SANITATION

Describe: Cold Holding Equipment _____ Cooking Equipment _____
Hot Holding Equipment _____ Reheating Equipment _____

If food is transported to event site; Time in transport _____ Method to keep food cold/hot _____

Temperature monitoring: Do you have a stem type (0-220°F, ±2°F; digital or dial) thermometer? yes no

Water Source: _____ Wastewater Disposal: Sewer Holding Tank

Handwashing Facilities: Plumbed Sink (with hot/cold water) *Gravity Flow Container
(*minimum 2 gallons of 100°F water in an insulated container with a continuous flow spigot, wastewater bucket, soap, and paper towels.)

Single Use Gloves for handling Ready To Eat Foods? yes no Ill Worker Policy? yes no

Utensil Washing Facilities: 3-compartment sink 2-compartment sink Other: _____

Sanitizing Solution: Bleach Water Chlorine Test Strips Other: _____

Location of Toilets? _____ Garbage Disposal: _____

Please list all foods to be served:

<u>FOOD ITEM</u>	<u>OFF SITE PREP</u> <u>YES/NO</u>	<u>ON-SITE PREP</u> <u>YES/NO</u>	<u>COOKING</u> <u>PROCEDURES</u>	<u>HOLDING</u> <u>HOT/COLD</u>	<u>SERVING</u> <u>HOT/COLD</u>

(list additional foods on reverse side)

****Any late additions to the menu must be approved by the Health Department**

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 of which I have received.

Applicant's Signature: _____ Date: _____

FEE: _____ RECEIPT#: _____ DATE RECEIVED: _____ EHS APPROVAL: _____