

**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](mailto:EH@WhitmanCounty.Net)

<b>OFFICE USE ONLY:</b>
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: \_\_\_\_\_