



# TEMPORARY FOOD APPLICATION

**Applications MUST be submitted to the Regulatory Authority, Asotin County Public Health, for review at least seven (7) calendar days before intending to provide food service. *LATE submissions will NOT be accepted or permitted.***

**OFFICE USE ONLY**

Permit # \_\_\_\_\_ Risk Category **1 2 3** Fee \$ \_\_\_\_\_ Invoice # \_\_\_\_\_

PERMIT VALID DATE(S): START \_\_\_\_\_ EXPIRES \_\_\_\_\_

**Section 1: APPLICANT INFORMATION**

*Note: Mailing Address will be the "Address of Record" for all communication mailed from this district.*

Permit Name		Date of Application	
Food Establishment Website	Telephone Number ( ) ( )	Fax Number ( ) ( )	
Food Establishment Physical Address	City	State	Zip Code
Applicant's Full Name	Daytime Phone ( ) ( )	E-mail	
Mailing Address	City	State	Zip Code
Name of On-Site Person in Charge (PIC) <input type="checkbox"/> check if same as applicant		Cell / Phone: Email:	
<i>**At least one food handler with a valid Washington State Food Worker Card must be in the booth at all times.</i>		<b>** Does PIC Have Current Food Worker Card?</b> Yes No	

**Facility Type**

Food Booth   
  Food truck/trailer   
  WA State L & I approval for trucks/trailers   
  Food Cart   
  Permanent Facility

**Facility Operation Type**

Pre-packaged   
  Pre-Packaged with Sampling   
  Food demonstration with sampling   
  Food preparation & distribution

**EVENT Information**

*Complete All Sections Legibly For ALL Events    NOTE: multiple days have additional fees*

<b>1st EVENT</b>	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	
<b>2nd EVENT</b>	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	
<b>3rd EVENT</b>	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	
<b>4th EVENT</b>	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	

## FOOD PREPARATION AND MENU

**Menu Submittal Requirements:** Only food items listed below are approved for service.

Any changes/additions to this menu must be pre-approved prior to the event.

All food preparation shall be completed in TFE or in facility approved prior to the event.

**No home preparation of foods is allowed. All hot food must be discarded at the end of the day.**

Food item  <i>List all separate ingredients for food items</i>	Source  <i>Indicate where the food item is purchased</i>	Check if commercially prepackaged  <i>Only check if item will be sold in original packaging</i>	Raw or commercially precooked  <i>Indicate if the item is purchased raw or commercially pre-cooked</i>	Identify types of preparation at other location  <i>List methods of preparation for menu item (e.g. wash, cut, cook)</i>	Identify types of preparation at event  <i>List methods of preparation for menu item (e.g. cook, hot, hold, cold hold) <b>NO COOLING ALLOWED</b></i>
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

If additional menu items will be served, attach additional pages including the above listed preparation information

### FOOD PREPARATION AT APPROVED FACILITY

Will advance food preparation take place in a location other than TFE:  Yes  No

Name of approved facility:

Phone:

Address of facility:

Is any food preparation regulated by another agency:  Yes  No If yes, indicate agency:  WSDA  USDA  Other (specify):

**If the owner of the facility is different than TFE applicant, a completed commissary agreement must be submitted.**

### EQUIPMENT INFORMATION

<b>Cold Holding</b>	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Dry ice/cooler <input type="checkbox"/> Ice/cooler <input type="checkbox"/> Other (specify): <b>POTENTIALLY HAZARDOUS FOODS MUST BE COLD HELD AT 41° FOR BELOW</b>
<b>Cooking</b>	<input type="checkbox"/> Grill <input type="checkbox"/> Stovetop <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Oven <input type="checkbox"/> Wok <input type="checkbox"/> Barbeque grill/smoker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Rice cooker <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Other (specify): <b>NO UNATTENDED COOKING</b>
<b>Hot Holding</b>	<input type="checkbox"/> Steam table <input type="checkbox"/> Chaffing dishes <input type="checkbox"/> Rice cooker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Hot case <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Oven <input type="checkbox"/> Other (specify): <b>NO UNATTENDED HOT HOLDING</b>
<b>Method of hot/cold holding during transportation</b>	<input type="checkbox"/> Insulated food-grade container <input type="checkbox"/> Original packaging <input type="checkbox"/> Hot case <input type="checkbox"/> Refrigeration <input type="checkbox"/> Non-insulated food-grade container Other (specify): <input type="checkbox"/> Delivered to event by commercial vendor, indicate vendor:

### FOOD PROTECTION

<b>Method of preventing bare hand contact</b>	<input type="checkbox"/> Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Deli Tissue <input type="checkbox"/> Other (specify): <b>BARE HAND CONTACT WITH READY -TO-EAT FOOD IS NOT ALLOWED</b>
<b>Method of food protection during operation:</b>	<input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Continuous active monitoring by food worker <input type="checkbox"/> Only pre-packaged food or bottled drink <input type="checkbox"/> Other (specify):
<b>Hot Holding</b>	<input type="checkbox"/> Steam table <input type="checkbox"/> Chaffing dishes <input type="checkbox"/> Rice cooker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Hot case <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Oven <input type="checkbox"/> Other (specify): <b>NO UNATTENDED HOT HOLDING</b>
<b>Method of hot/cold holding during transportation</b>	<input type="checkbox"/> Insulated food-grade container <input type="checkbox"/> Original packaging <input type="checkbox"/> Hot case <input type="checkbox"/> Refrigeration <input type="checkbox"/> Non-insulated food-grade container container <input type="checkbox"/> Delivered to event by commercial vendor, indicate vendor: <input type="checkbox"/> Other (specify):

### WATER SOURCE DISPOSAL

<b>Water source</b>	<input type="checkbox"/> Public <input type="checkbox"/> Commercially Bottled <input type="checkbox"/> Other (specify): <b>HOSES USED TO CONVEY POTABLE WATER MUST BE FOOD-GRADE AND STORED TO PREVENT CONTAMINATION</b>
<b>Water disposal information</b>	<input type="checkbox"/> Mop Sink <input type="checkbox"/> Direct connection to public sewer <input type="checkbox"/> On-site waste disposal provided by event <input type="checkbox"/> Holding Tank (specify method of disposal):

### SINK REQUIREMENTS

<b>Warewashing</b>	If the establishment operates for two or more consecutive days or if utensils are re-used on site, a plumbed three compartment sink is required within 200 feet. A commissary location may be used for warewashing. <b>DISH TUBS ARE NOT ACCEPTABLE.</b> Identify location of three compartment sink: n/a
<b>Food preparation</b> (for wash, soak, rinse, drain, thaw of food items)	<input type="checkbox"/> Produce is purchased commercially pre-washed (invoices must be available for review by the regulatory authority) <input type="checkbox"/> Designated food preparation sink is provided by the event (must be indirectly drained) <input type="checkbox"/> Designated food preparation sink is provided by applicant (must be indirectly drained) <input type="checkbox"/> Food prepared at approved kitchen (Commissary agreement required if owner of facility is different than applicant) <input type="checkbox"/> Handwashing No less than 5-gallon insulated container with free-flowing spigot and no less than 5 gallon catch bucket for wastewater <input type="checkbox"/> Plumbed handwashing provided in establishment accessible to food workers
<b>Handwashing</b>	AN ADDITIONAL HANDWASHING SETUP MAY BE REQUIRED FOR ESTABLISHMENTS PREPARING RAW ANIMAL PRODUCTS OR LARGE/COMPLEX OPERATIONS  <div style="text-align: center;"> <b>WARM POTABLE WATER, SOAP, PAPER TOWELS, AND HANDWASHING REMINDER SIGN REQUIRED</b> </div>

**ALL SURFACES MUST BE SMOOTH, DURABLE, NON-ABSORBANT AND EASILY CLEANABLE**

### ESTABLISHMENT CONSTRUCTION

<b>Floor Material:</b>	
<b>Ceiling Material:</b>	
<b>Wall Material:</b>	
<b>Food preparation surfaces/storage material:</b>	

## TEMPORARY FOOD ESTABLISHMENT LAYOUT

### PROVIDE A TOP VIEW SKETCH OF ESTABLISHMENT

ALL EQUIPMENT, WORK AREAS, STORAGE AREAS, SINKS, FOOD PROTECTION EQUIPMENT AND SANITIZER  
LOCATION MUST BE INCLUDED

ALL ACTIVITIES AND FOOD STORAGE AT THE EVENT MUST TAKE PLACE IN THE TEMPORARY FOOD ESTABLISHMENT AND  
UNDER OVERHEAD COVER

### ADDITIONAL REQUIREMENTS

The permit holder agrees to ensure the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. No bare hand contact with ready-to-eat foods
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Sanitizer and appropriate test strips must be provided. Indicate type of sanitizer used: Bleach Quaternary Ammonium Other (specify):
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Accurate digital thermometer with a suitable diameter probe designed to measure the temperature of thin foods or a dial stem thermometer must be provided; indicate type: Dial stem Digital
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Employee restrooms with handwashing must be provided within 200 feet.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Ill food workers must be excluded.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Garbage with lid must be provided
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. Lighting in food preparation and storage area must be shielded or shatter-resistant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8. Adequate power supply must be provided for electrical equipment
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Food and single-service items must be stored no less than 6" off the ground and AWAY FROM CHEMICALS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10. Adequate set-back for grills and other cooking equipment is required to prevent contamination and to protect the public
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. A designated PIC must be present at all times during operation and food service and person in charge must have current Washington State Food Worker Card available for review by regulatory authority.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Permit must be posted.

### SUBMITTAL INSTRUCTIONS

**APPLICATIONS MUST BE RECEIVED IN OUR OFFICE 7 CALENDAR DAYS BEFORE THE EVENT OR THE APPLICATION WILL BE REJECTED. WE WILL NOT ACCEPT LATE SUBMISSIONS.**

Applications may be submitted to Asotin County Public Health District:  
 BY MAIL OR IN PERSON: PO BOX 306 | 102 1<sup>ST</sup> Street, Asotin, WA 99402  
 BY FAX: 509-243-3345

### SIGNATURES

By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with WAC 246-215, and will allow Asotin County Public Health District access to the establishment and its records as specified in WAC 246-215. You understand that failure to submit complete information, complete the scheduled phone interview and/or failure to pay permit fees when due may result in penalty fees, required changes to your operation and/or postponing your event. You agree to notify Asotin County Health Public Health in advance of changes in menu, equipment, operation, or ownership.

**Incomplete applications will not be processed**

Signature of applicant:	Date:
Printed Name:	Phone:



ASOTIN COUNTY PUBLIC HEALTH  
 PO BOX 306 | 102 1<sup>ST</sup> Street  
 PHONE: 509-243-3344 FAX: 509-243-3345  
[www.asotincountypublichealth.org](http://www.asotincountypublichealth.org)

