



Whitman County Environmental Health Department
1205 SE Pro Mall Blvd. Ste 203 Pullman, WA 99163
Phone: (509)332-6752 Fax: (509) 334-4517
eh@whitmancounty.net

WCHD Official Use Only	
Date Received:	_____
Receipt Number:	_____
Permit Number:	_____
Approval Date:	_____
Approved By:	_____
Date Permit Sent:	_____

COMMUNITY VENDOR PERMIT APPLICATION

Community Vendor is defined as an irregular food service operation serving to the public a generally fixed menu, using the same/similar kitchen, and serving out of the same/similar facility or setup throughout the calendar year. Examples include Farmer's Market Vendors, Fraternal Organizations, Community Clubs, churches, and other non-profit organizations. Applications must be submitted **at least 30 calendar days** before the date planned for beginning food service as a community vendor. You must fill out this application and return it with your fee to the Environmental Health Department.

Organization/Business Name: _____

Organization/Business Address (if applicable): _____

Billing Address: _____

Business Phone: _____ **Email Address:** _____

Primary Contact Person: _____ **Primary Contact Person Phone:** _____

Business/Organization Type: Association Corporation Individual Partnership Other _____

Organization is (Check all that apply): Mobile Stationary Temporary Permanent

Number of Food Workers: _____ ***All employees must have Food Worker Cards on file**

Food Service will occur [approximately]: Weekly Monthly Quarterly Only on specific event dates

Kitchen/Location where food will be prepared: _____

Typical Location where food will be served: _____

In addition to this application, I have included

- A tentative schedule of food service dates and time of service
- A general menu and/or list of food items frequently served by my organization

I, _____, certify that the information provided in this application is accurate. I affirm that I will comply with Washington Administrative Code 246-215 Food Service. I agree to allow the regulatory authority of Whitman County access to the establishment as specified under 08415 and to the establishment records specified under 03290, 05280 and 08215 (4)(f) of the Washington Administrative Code 246-215 Food Service.

Applicant Signature: _____ **Date:** _____