



Whitman County Environmental Health Department
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Temporary Food Service Application

EVENT INFO	Event:
	Event Address/Location:
	Event Start Date and Time: _____ Event End Date and Time: _____ Total number of days: _____ *Applications received less than 3 days prior to the event may be rejected
	Expected number of customers: <input type="checkbox"/> less than 50 <input type="checkbox"/> more than 50 <input type="checkbox"/> more than 100

CONTACT INFO	Name of Organization: _____ Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Person in Charge (PIC): _____ Does PIC have a Food Worker Card <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing Address for Permit: _____
	Contact Phone Number: _____ Email Address: _____
	Have you previously operated a temporary food establishment in Whitman County? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____

VENUE INFO	Type of facility (check one): <input type="checkbox"/> Permanent commercial kitchen <input type="checkbox"/> Mobile Unit <input type="checkbox"/> Temporary Booth
	Handwashing facility for Temporary Food Event will be: <input type="checkbox"/> Plumbed sink <input type="checkbox"/> Gravity Flow sink
	The equipment used to clean utensils: <input type="checkbox"/> 3 compartment sink <input type="checkbox"/> 3 tubs <input type="checkbox"/> Disposable Utensils only
	What equipment will be used during 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 cooking <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 <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, date and time of prep: _____	
Location of advanced prep: _____	

ADDITIONAL INFO		Yes	No	NA
	Will Bleach (50-200 ppm) sanitizer solution be used to clean food contact surfaces?			
	Will the proper sanitizer strips be available?			
	Will a metal probe thermometer that reads 0-220F be available?			
	Will there be restrooms for food workers within 200ft with hot and cold running water?			
	Will the hot holding unit(s) be capable of holding food above 135F			
	Will cold holding unit(s) be capable of holding food below 41F?			
	Will food-grade disposable gloves, utensils, or deli tissues be available for handling food?			

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** – checks payable to Whitman County Health Department. Applications and payment must be submitted at least 14 days prior to your event. **Applications received less than 3 days prior to event may be rejected.**

List all food items to be served at your TFE (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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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"/> Portioned <input type="checkbox"/> Cooked <input type="checkbox"/> Cooled <input type="checkbox"/> Reheated <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 areas, storage areas, sanitizing solution bucket locations and serving areas.