



Whitman County Environmental Health Department

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Official Use Only
FEE & CLASS _____
RECEIPT NUMBER _____
DATE RECEIVED _____
APPROVED BY (EH) _____

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:			
	less than 50	more than 50	more than 100

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

VENUE INFO	Type of facility (check one):	Permanent commercial kitchen	Mobile Unit	Temporary Booth
	Handwashing facility for Temporary Food Event will be:	Plumbed sink	Gravity Flow sink	
	The equipment used to clean utensils:	3 compartment sink	3 tubs	Disposable Utensils only
	What equipment will be used during transport and time of service (check all that apply):			
	Coolers with Ice	Hot Holding unit	Held on grill until served	
	Refrigerator	Crock Pot	Served Immediately after cooking	
Freezer	Steam Table	Other: _____		
How will garbage be disposed:		How will waste water be disposed:		
Will there be ADVANCED food preparation Yes No If YES, date and time of prep: _____				
Location of advanced prep: _____				

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

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
	On Site 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
	On Site 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
	On Site 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
	On Site 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
	On Site 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
	On Site 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
	On Site 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
	On Site 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.