

**GRANT COUNTY HEALTH DISTRICT
PO BOX 37 EPHRATA, WA 98823
(509) 754-6060**

Date	_____
Amt Received	_____
Receipt #	_____
Approved by	_____
Permit Mailed	_____

TEMPORARY FOOD SERVICE APPLICATION

Directions: Complete this application and submit it, along with the appropriate fee, to the Grant County Health District before the event. **An additional fee that is double the normal permit fee is assessed to all Food Service Vendors when the application and fee are received less than five working days (one calendar week) before the event.** For additional information, refer to the attached checklist or call the Grant County Health District at the phone number listed above. Fees subject to change.

FEE SCHEDULE:

Commercial Food Vendor/Potentially Hazardous Food..... \$25.00 day / \$80.00 week
 Commercial Food Vendor/Non-Potentially Hazardous Food..... \$15.00 day / \$25.00 week
 Commercially Packaged Potentially Hazardous Food.....\$15.00 per day
 Non-Commercial Organization / Potentially Hazardous Food.....\$15.00 per day
 Non-Commercial Organization / Non-Potentially Hazardous Food..... \$ 5.00 per day
 Food Demonstration.....\$ 5.00 per day

NAME OF EVENT _____

NAME OF ORGANIZATION OR FOOD SERVICE _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____ DAYTIME PHONE # _____

LOCATION OF EVENT _____ DATE(S) AND HRS. OF OPERATION _____

PERSON IN CHARGE OF FOOD SERVICE _____

LOCATION WHERE FOOD(S) ARE PREPARED _____ PHONE # _____

WHERE MEAT IS PURCHASED _____ FRESH OR FROZEN? _____

WILL ICE BE USED? _____ SOURCE _____ WATER SUPPLY NAME _____

1) MENU (include beverages and all extra ingredients served with each item) and PREPARATION PROCEDURES:
 NOTE: If your preparation procedures do not fit these charts, or you do not have enough room, please attach your own table.

a) Check which preparation procedure each item requires at the *BOOTH*;

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other

*Please turn over to complete this application.

b) Check which preparation procedure each menu item requires at the *RESTAURANT OR PERMITTED FACILITY*;

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion	package

2) Please complete the following section if application is for a *BOOTH*;

a) If food preparation is required, list name of restaurant to be used or kitchen facility under Health Department permit.

Kitchen name _____ Address _____

Dates and Times Kitchen Used _____

b) How will you provide temperature control for potentially hazardous foods? Foods must be 41° F or colder, or 140°F or hotter. **MONITOR THEM FREQUENTLY.** Circle as many as you will be using.

Hot holding: steam table, oven, BBQ, gas grill, wok, steamers, stove, hot holding case, other (list) _____

Reheating or cooking: oven, BBQ, gas grill, wok, steamers, stove, other (list) _____

Cold holding: refrigerator, refrigerated truck, refreezable ice/cooler, dry ice/cooler, drained ice, freezer, other _____

During transport: _____

c) List personnel for the event (if you don't know who is working yet, provide a name list with Health Cards at the booth for the Health Officer):

NAME	Health card?	Exp. date	NAME	Health card?	Exp. date
1.			4.		
2.			5.		
3.			6.		

d) Describe booth:

Floor _____ Roof _____ Walls _____

*Walls and ceilings must be made of wood, canvas, or other material that protects the interior of the booth from dirt and weather.

ADDITIONAL REQUIREMENTS:

1) Gravity flow handwashing facilities must be provided in your booth. This consists of an insulated container with a spigot that can lock in open position - capacity of 5 gallons or more - filled with hot water, a tub or bucket for waste water, pump soap and paper towels. **WASH HANDS FREQUENTLY!**

2) Sanitizer for wiping rags must be provided in your booth. This solution consists of 1 tablespoon of bleach per gallon of water (or other approved sanitizer) and wiping cloths.

3) Stem-type thermometers are required if you serve any potentially hazardous foods. Monitor temperatures frequently.

4) Leak-proof garbage containers must be provided in your booth.

5) Water must be obtained from an approved source.

6) Waste water must be disposed in a sanitary sewer. Disposal in storm drains or on the ground is unacceptable.

7) Restrooms must be provided for your employees. Restrooms must have handsinks with hot and cold running water. **HEPATITIS A** and other illnesses can be spread by foodworkers who don't wash their hands after using the bathroom. **WASH HANDS BEFORE RETURNING TO THE BOOTH.** (Portable toilets are not allowed unless portable handwashing facilities with **HOT** water, soap and paper towels are provided).

8) Dishwashing facilities must be provided by you or the event coordinator if you are preparing food at the event. Soap and sanitizer must also be provided.

APPLICANTS SIGNATURE _____ DATE: _____

I understand that issuance and retention of any permit is contingent upon satisfactory compliance with Grant County Health District requirements. \$30.00 of each refund will be retained by the Health District for administrative expenses.