

# TEMPORARY FOOD ESTABLISHMENT APPLICATION



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GRANT COUNTY HEALTH DISTRICT

Submit completed application along with appropriate fee to GCHD at least 10 business days before the event.  
**Late Fees: applications and payments received 9 to 4 business days before the event are subject to 50% additional fee. If received within 3 business days of event, the fee is double.** Fees are subject to change.  
Failure to complete this application in full may result in application rejection and/or other restrictions.

Please check the box for the permit you are applying for. To determine risk level, refer to the Food Risk Level Guide or call GCHD.	LOW RISK FOODS	MODERATE RISK FOODS	HIGH RISK FOODS
<b>Commercial Food Vendor</b>			
<b>Non-Profit Food Vendor (Non-Profit Attestation form required)</b>			
<b>Applicant has an Annual Food Permit for a food establishment in Grant County</b>			

Event will last:	
1-4 days	
5-21 days	

### APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_

Booth Name at the Event \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of Person in Charge of Food Service \_\_\_\_\_

Phone # of Person in Charge of Food Service \_\_\_\_\_

### EVENT INFORMATION

Name of Event \_\_\_\_\_

Location/Address of Event \_\_\_\_\_ City \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Event Coordinator Name \_\_\_\_\_

Event Coordinator Phone # \_\_\_\_\_ Event Coordinator Email \_\_\_\_\_

### BOOTH TYPE

Mobile Unit (Food Truck, Concession Trailer)

**Proof of Washington Department of Labor and Industries (LNI) certification (insignia) is required for all operators using enclosed mobile food units/concession trailers. You must submit proof of insignia with your application.**

Permanent Kitchen

Temporary/ "pop up" style:

Describe: Floor \_\_\_\_\_ Roof \_\_\_\_\_



**This section only needs to be filled out if any food preparation will be done at a location that is not the event.  
If all the food will only be prepared at the event, skip to page 4.**

**OFFSITE KITCHEN/COMMISSARY INFO** (Must be a licensed food establishment)

Food Establishment Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of Owner/Manager \_\_\_\_\_ Phone# \_\_\_\_\_

Food preparation at the kitchen will be done at the following date(s) and time(s):

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Transport Time to Event from the Kitchen \_\_\_\_\_ minutes

Food will be Transported:  HOT  COLD  FROZEN

Describe how the food will be protected from contamination and temperatures controlled during transport:

\_\_\_\_\_  
\_\_\_\_\_

Enter each food item that will be prepared at the commissary kitchen, then mark each preparation step for the food item at the kitchen.

FOOD	Cold Holding	Cook/grill	Reheat	Hot Holding	Assemble	Cold Holding	Package

<b>FACILITIES AND RULES</b> —Please read and answer the corresponding questions. <b>Will this be provided?</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Handwashing Facilities</b>	At minimum, you must have 5 gallons of warm water in an insulated container with a locking spigot (no pushbuttons), a catch bucket for wastewater, soap, and paper towels. Plumbed sinks with a holding tank are also acceptable. This requirement can be waived for prepackaged food only (no exposed food).			
<b>Dish/Utensil Washing</b>	When dishes, utensils, pots, or other food equipment are re-used onsite during the event, or for events lasting more than one day, you must provide facilities to wash, rinse and sanitize. A three-compartment sink or temporary "three-tub" set-up must be available onsite in booth or within 200ft.			
<b>Produce Washing</b>	A separate food prep sink or container with clean, running water and catch bucket must be used to wash fresh produce. If using a plumbed sink, it must be indirectly drained to prevent contamination of food.			
<b>Sanitizer</b>	Sanitizer solution must be made and kept onsite to sanitize surfaces as needed (except if prepackaged foods only). The most common sanitizer solution is ~1 teaspoon of bleach per gallon of water. Test strips are required to check for proper concentration. Wiping cloths must be stored inside solution or use spray bottle with paper towels.			
<b>Garbage Disposal</b>	Leak-proof, pest-proof garbage bins must be provided in the booth to retain all garbage generated and should be emptied as needed.			
<b>Wastewater Disposal</b>	For temporary facilities, catch buckets and/or holding tanks must be used to collect all wastewater generated during the event, and then emptied into an approved sewer. Wastewater cannot be disposed of onto the ground.			
<b>Employee Restroom</b>	A Restroom for employees must be available during all times of operation and within 200ft of the booth. All restrooms must have hot and cold running water, soap, and paper towels for handwashing.			
<b>PIC and Food Worker Cards</b>	A Person-in-charge (PIC) must be in booth at all times to monitor food safety practices and ensure other workers are following food safety rules. The PIC must have a current Washington State <b>Food Worker Card</b> . Most booths will need more than one PIC so that all shifts and breaks can be covered.			
<b>Thermometers</b>	A thin, thermometer with a temperature range of 0°-220°F must be provided to monitor the internal temperature of foods. Thin foods, such as hamburger patties, require a thin tip, digital thermometer.			
<b>Bare-hand Contact Prevention</b>	Food workers must use barriers to prevent bare-hand contact with ready-to-eat food (salads, sandwiches and any other food not cooked further before served). Barriers include disposable gloves, tongs and other utensils, deli tissue, etc.			

By signing, I understand that issuance and retention of any permit is contingent upon compliance with Grant County Health District requirements.

To change the date or location of the permit which you have already applied for, or if you need to cancel the permit, you must make the request at least 5 business days before the event unless extenuating circumstances arise. \$30.00 of each refund will be retained by the Health District for administrative expenses.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
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FOR GCHD USE ONLY

Date		Amt		PHA		Paid by	
Payment Type	Card	Cash	Check	Receipt #			