

## Application for Exemption from Permit

This application is based on WAC 246-215-08305 (Rules and Regulations of the State Board of Health for Food Service).

See Fee Schedule for current fee: [www.granthealth.org/317/Fee-Schedule](http://www.granthealth.org/317/Fee-Schedule)

### Food items that may be exempted from permit:

- **Popcorn** (including flavored popcorn and kettle corn)
- **Cotton candy**
- **Dried herbs and spices** (if processed in an approved facility)
- **Machine-crushed ice drinks** (non-TCS ingredients, ice/water from an approved source and self-contained machine that makes its own ice; no shaved ice/snow cones)
- **Corn on the cob** (if roasted for immediate service, no hot holding)
- **Whole roasted peppers** (if roasted for immediate service)
- **Roasted nuts and peanuts** (including candy-coated)
- **Chocolate-dipped ice cream bars** (if made with commercially packaged ice cream bars)
- **Chocolate-dipped bananas** (if made with bananas peeled and frozen in an approved facility)
- **Sliced fruits and vegetables for sampling** (non-TCS produce)

### Provide applicant information and attach list of planned events:

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

Daytime Contact Phone \_\_\_\_\_

Business Name, if applicable \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Will this operation be out of an enclosed mobile unit (i.e., food truck/trailer)?  Yes  No

### Food Items, check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Popcorn   | <input type="checkbox"/> Whole peppers                   |
| <input type="checkbox"/> Cotton candy                                      | <input type="checkbox"/> Roasted nuts                    |
| <input type="checkbox"/> Herbs and spices                                  | <input type="checkbox"/> Chocolate-dipped ice cream bars |
| <input type="checkbox"/> Machine-crushed ice drinks ( <b>NO</b> sno-cones) | <input type="checkbox"/> Chocolate-dipped bananas        |
| <input type="checkbox"/> Corn on the cob                                   | <input type="checkbox"/> Fruit and vegetable samples     |

### Food Safety Requirements:

The Person-in Charge is required to make sure that all food safety rules are followed.

Read the statements below and mark Yes (Y), No (N), or Not Applicable (N/A).

Y N N/A

- 1. At least one person in the booth will have a valid **Washington State Food Worker Card** ([www.foodworkercard.wa.gov](http://www.foodworkercard.wa.gov))
- 2. You will **enforce an illness and handwashing policy** and provide a handwashing station in the immediate area during food preparation.
- 3. You will provide **water, ice and food from approved sources**. Preparation must be done onsite or in an approved facility. **No home prep or storage allowed.**
- 4. You will use approved barriers including utensils, paper wraps, and gloves (which must be changed when contaminated, ripped, or after changing tasks) to **prevent Bare Hand Contact** with all ready-to-eat foods.
- 5. You will make sure that there are employee restrooms with warm water handwash, soap and single use towels within 200 ft. All **employees must wash their hands** after using the restroom.
- 6. You will provide an adequate number of clean utensils or a 3 basin dish-wash facility. All **utensils will be washed** in hot, soapy water (basin 1), rinsed in clean water (basin 2), sanitized (basin 3), and *air dried* before use.
- 7. You will store all food, ice and single-service products off the ground and **away from sources of contamination**. You will only use food-grade containers for food storage and transport.
- 8. You will make sure **all food-contact surfaces are sanitized** prior to, and during, food preparation.

After receiving your application, an inspector will review your plan with you. You may be asked to provide additional information. Once the application is approved, NO changes may be made without approval from GCHD.

I understand that:

- 1) Certificates for temporary facilities are renewable annually and expire December 31.
- 2) Certificates are non-transferable and are valid only for the current operator and the establishment listed on this application. Changes to the menu require prior approval by the Health District.
- 3) No new certificates will be issued to persons or businesses having an outstanding debt to the Health District.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### GCHD USE ONLY

Date \_\_\_\_\_  
Amount Rec'd \_\_\_\_\_  
Receipt # \_\_\_\_\_

Type: Csh / Chk / Crd  
\*\*\*\*\*

\_\_\_\_ Approved  
\_\_\_\_ Denied

EHS/T \_\_\_\_\_  
Date \_\_\_\_\_