



## ADAMS COUNTY HEALTH DEPARTMENT

108 W. Main, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315  
 425 E Main St. 700, OTHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031

### FEES ARE NON-REFUNDABLE

### APPLICATION FOR A PERMIT TO OPERATE ONE TEMPORARY FOOD ESTABLISHMENT

**BEGINNING 2009: All applications and fees must be received 2 business days prior to the event or they will be considered late. (Late fees and operating without a permit will cost double the permit fee.)**

**Please print and fill out form completely**

Check one:

- Non-profit, \$10.00 for One day : \$20.00 for 2 or more days up to 21 days per event  
 Commercial, \$25.00 for One day : \$50.00 for 2 or more days up to 21 days per event

Name of Organization: \_\_\_\_\_ Event Location: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Event Coordinator: \_\_\_\_\_

Name of person responsible for the operation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Will any food items be catered?  yes  no if yes by whom: \_\_\_\_\_

Do you plan advance preparation?  yes  no if yes where and when: \_\_\_\_\_

| Food item | Where Purchased | Where Prepared |           | Cooking Method and equipment | Holding |      |
|-----------|-----------------|----------------|-----------|------------------------------|---------|------|
|           |                 | On-site        | off- site |                              | Hot     | cold |
|           |                 |                |           |                              |         |      |
|           |                 |                |           |                              |         |      |
|           |                 |                |           |                              |         |      |
|           |                 |                |           |                              |         |      |
|           |                 |                |           |                              |         |      |
|           |                 |                |           |                              |         |      |

**(continue on back if needed)**

Method of hot holding  steam table  oven  crock pot  roaster oven  other: \_\_\_\_\_

Method of cold holding  refrigerator  ice chest  \_\_\_\_\_

Will a metal stem thermometer be available  yes  no

Describe facilities for handwashing: \_\_\_\_\_

Describe facilities for utensil washing: \_\_\_\_\_

Type and location of toilet facilities: \_\_\_\_\_

Name(s) and number(s) of valid Food Worker Card(s) for:

Person in charge: \_\_\_\_\_ card # \_\_\_\_\_ Exp date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ card # \_\_\_\_\_ Exp date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ card # \_\_\_\_\_ Exp date: \_\_\_\_\_

Remember, you must have at least one person with a food handlers card working at your event at all times.

In signing this application I understand that the information herein is accurate and that if I make any changes to the food items and/or preparation steps, I will notify the Health Department. Furthermore, I agree to fully comply with all of the requirements listed in Chapter 246-215 WAC.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Health Department: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only date received:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **By:** \_\_\_\_\_

| Date of Temp Food Event | Application Due and Fee Paid |
|-------------------------|------------------------------|
| Monday                  | Wednesday of previous week   |
| Tuesday                 | Thursday of previous week    |
| Wednesday               | Friday of previous week      |
| Thursday                | Monday                       |
| Friday                  | Tuesday                      |
| Saturday                | Wednesday                    |
| Sunday                  | Wednesday                    |