



## 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