



ADAMS COUNTY HEALTH DEPARTMENT

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

FEES ARE NON-REFUNDABLE

APPLICATION FOR A PERMIT TO OPERATE ONE TEMPORARY FOOD ESTABLISHMENT
(Late applications* and Un-permitted operations 2X fees)

Non-profit, \$17.00 per day (**Must be a documented Non-Profit Organization**)
Commercial rate \$34, \$44 or \$56 per day based on risk factors

Name of Organization (Vendor): _____ Event Location: _____
Name of Event: _____ Event Coordinator: _____
Contact Address: _____ City: _____ Zip: _____
Phone: _____ Work Phone: _____ Email: _____
Date(s) of Operation: _____ Hours of Operation: _____
Will any food be prepared before event? yes no
If yes, Where: _____ By whom: _____ Date prepared: _____

Please Attach a menu including WHERE it is purchased, the PREPARATION method, EQUIPMENT used, and TIME/TEMPERATURE while holding or transporting.

Method of hot holding: steam table oven crock pot roaster oven Other
Method of cold holding: refrigerator ice chest Other
Will a digital probe Thermometer be available? yes no
Will sanitizing solution be present? 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) from: www.foodworkercard.wa.gov
Person in charge: _____ card # _____ Exp date: _____
Supervisor: _____ card # _____ Exp date: _____

***REMEMBER:** At least one person with a valid Food Worker Card **MUST** be present at your event.
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 Washington Administrative Code (WAC).

Signature of Applicant: _____ **Date:** _____

Approval of Health Department: _____

OFFICE USE ONLY
Date Received: _____

Receipt #: _____ **Amount:** _____ **By:** _____

*EVENT DAY	*APPLICATION DUE
Monday	Monday of previous week
Tuesday	Tuesday of previous week
Wednesday	Wednesday of previous week
Thursday	Thursday of previous week
Friday	Friday of previous week
Saturday	Monday before the Event
Sunday	Monday before the Event



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INCLUDE A CURRENT COPY OF YOUR MENU** WITH YOUR APPLICATION

Risk Factors:

- Bare Hand Contact:** Potential for bare hand contact with ready-to-eat foods
- Cold Holding:** Cold holding of Time or Temperature Control for Safety (TCS)
- Hot Holding:** Hot holding of TCS foods.
- Cooking:** Cooking of TCS foods
- Cooling:** Cooling of TCS foods
- Reheating:** Reheating of TCS foods (*reheating frozen cooked foods not applicable*)
- Produce Washing:** Washing produce to serve as a ready to eat food
- Lounge/Beer Garden**
- Catering**
- Other:**

Risk Classification:

- Category 1:** No cooking from raw all items pre-packaged/processed
- Category 2:** 1-3 risk factors
- Category 3:** 4 or more risk factors

**APPLICATION MUST INCLUDE MENU

Please Email COMPLETED Form to:

Timmt@co.adams.wa.us

Francisof@co.adams.wa.us

PAYMENT OPTIONS:

1. ONLINE: <https://client.pointandpay.net/web/adamscountyenvironmentalhealth>
2. Mail check to 'ACHD' c/o Temporary Food Permit, 425 Main, Ste 700, Othello, WA 99344
3. Bring exact change to: Adams County Health Department, 425 Main St, Othello, WA OR 108 W. Main, Ritzville, WA