

# TEMPORARY FOOD PERMIT APPLICATION

## Columbia County Public Health

270 E Main Street, Dayton, WA 99328  
 Phone (509)382-2181 Fax 509-382-2942  
 www.columbiaco.com

Event Name: \_\_\_\_\_ Applicants Name: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Applicants Address: \_\_\_\_\_

Event Coordinator Phone: \_\_\_\_\_ Applicants Home/Work Phone: \_\_\_\_\_

Name of Food Service or Organization Represented: \_\_\_\_\_ Applicants Email: \_\_\_\_\_

Serving Location: \_\_\_\_\_ Person in Charge at Food Service Site: \_\_\_\_\_

Serving Dates: \_\_\_\_\_

Food Worker w/Valid Card #1 \_\_\_\_\_ Card Exp \_\_\_\_\_ Food Worker w/Valid Card #2 \_\_\_\_\_ Card Exp \_\_\_\_\_

**PLEASE LIST FOODS TO BE SERVED & OTHER INFORMATION (if applicable) The Sanitarian may limit the type of foods**

FOOD ITEMS TO BE SERVED	OFF SITE PREPARATION YES or NO	ON SITE PREPARATION YES or NO	TYPE OF COOKING EQUIPMENT	HOT OR COLD HOLDING EQUIPMENT	WILL FOOD BE SERVED HOT OR COLD?

Serving Location: \_\_\_\_\_ Begin Date & Time: \_\_\_\_\_ End Date: \_\_\_\_\_

If prepared foods are transported to the site, how long will it take? \_\_\_\_\_

How will the food be kept hot or cold? \_\_\_\_\_

Food will be served from:  Approved Kitchen     Mobile Unit     Booth/Temp Structure     Other \_\_\_\_\_

Do you have a metal stem thermometer for checking cooking temperatures, holding temperatures, etc.? \_\_\_\_\_

Source of water to be used at site \_\_\_\_\_ Wastewater disposal:     Sewer     Septic Tank     Holding Tank     Bucket

Hand washing facilities:                     Plumbed Sink                     Gravity Flow Dispenser

Utensil Washing Facilities:  Plumbed Sink with Two or More Compartments     Dishwasher     Two Tubs & Dispenser

Sanitizing Solution Used:     Bleach-Water     Other: \_\_\_\_\_    Garbage Disposal Used:     Cans     Dumpster

Location of Toilets \_\_\_\_\_                    Type of Toilets:     Flush     Chemical

**---Health Department Use Only---**

Permit cost: Flat Rate                    \$40.00 \$ \_\_\_\_\_  
    Non-Profit                    \$15.00 \$ \_\_\_\_\_  
 Late Fee (less that 7 days notice)    \$15.00 \$ \_\_\_\_\_

Inspector \_\_\_\_\_                    Total Amount \$ \_\_\_\_\_

I hereby consent to inspections by the Columbia County Health Department and acknowledge that issuance and retention of this permit are contingent upon satisfactory compliance with local temporary food service requirements.

Applicant's Signature                    Date                    Approved By