

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 \$50.00 \$ _____
 Non-Profit \$25.00 \$ _____
 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