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:_____

Event Coordinator:_____ Applicants Name:_____

Event Coordinator Phone:_____ Applicants Address:_____

Name of Food Service or Applicants Phone:_____

Organization Represented:_____ Applicants Email:_____

Serving Location:_____ Person in Charge at

Serving Dates:_____ Food Service Site:_____

Food Worker w/Valid Card #1_____ Card Exp:_____ Food Worker w/Valid Card #1_____ Card Exp:_____

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

Serving Location:_____ Beginning Date & Time:_____ End Time:_____

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 Boot/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

Handwashing facilities: Plumbed Sink Gravity Flow Dispenser

Utensil washing facilities: Plumbed Sink with Two or More Components 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 than 7 day notice)…...15.00 $_____

Inspector:_____ Total Amount: $_____

I herby 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.

_____

Applicants Signature Date Approved By