

*LOW RISK FOODS	
1 Day	\$37.00
2 Days	\$65.00
3 Days	\$145.00
4-8 Days	\$189.00
*Baked Goods, Popcorn, SnoCones	

Island County Health Department
P.O. Box 5000
Coupeville, WA 98239
(360)679-7350 • (360)321-5111 • (360)629-4522 • (360)240-5564

HIGH RISK FOODS	
1 Day	\$67.00
2 Days	\$93.00
3 Days	\$182.00
4-8 Days	\$218.00

2009 TEMPORARY FOOD SERVICE APPLICATION FORM

Applications are to be received at the Health Department a minimum of 7 days prior to event.
A \$25.00 FEE WILL BE ADDED FOR APPLICATIONS RECEIVED LESS THAN 7 DAYS PRIOR TO EVENT.

1. EVENT: _____ LOCATION (address or booth #): _____
2. DATES: _____ TIME: _____
3. ORGANIZATION/FOOD SERVICE REPRESENTED: _____
4. APPLICANT'S NAME: _____ WORK PHONE: _____ HOME PHONE: _____
5. APPLICANT'S ADDRESS: _____ CITY, STATE, ZIP: _____
6. PERSON(S) IN CHARGE AT FOOD SERVICE SITE: _____ PHONE: _____
7. NAMES OF PERSONS WITH CURRENT FOOD HANDLER CARDS: _____
8. BEGINNING DATE/TIME OF EVENT: _____ ENDING DATE/TIME: _____
9. LOCATION OF ADVANCED PREPARATION: _____ TIME/DATE PREP. BEGINS: _____ ENDS: _____
10. PLEASE LIST ALL FOODS TO BE SERVED: () BOOTH or () TRAILER

FOOD ITEM	OFF-SITE PREP YES or NO	ON-SITE PREP YES or NO	COOKING PROCEDURES	HOLDING HOT or COLD	SERVING HOT or COLD

(Additional foods to be listed on back)

DESCRIBE:
COLD HOLDING EQUIPMENT _____ COOKING EQUIPMENT _____
HOT HOLDING EQUIPMENT _____ REHEATING EQUIPMENT _____

11. IF FOOD IS TRANSPORTED TO THE FOOD SERVICE SITE A. TIME IN TRANSPORT _____
B. HOW IS FOOD KEPT, HOT OR COLD _____
12. STEM-TYPE (0-220 Degrees F.) FOOD THERMOMETER AVAILABLE? () YES () NO
13. WATER SOURCE: _____ WASTEWATER DISPOSAL: () SEWER () HOLDING TANK
14. HANDWASHING FACILITIES: () PLUMBED SINK or () GRAVITY FLOW CONTAINER*
* (As a minimum you need 2 gallons in an insulated container with a spigot, a bucket for wastewater, pump soap and paper towels)
15. Single Use Gloves for handling Ready To Eat Foods? () Yes () No Ill Worker Policy? () Yes () No
16. DO YOU HAVE A PLUMBED HOT WATER HEATER? () YES () NO
17. UTENSIL WASHING FACILITIES: () 3-COMPARTMENT SINK () 2-COMPARTMENT SINK () OTHER _____
18. SANITIZING SOLUTION: () BLEACH WATER or () OTHER _____
19. GARBAGE DISPOSAL: () CANS or () DUMPSTERS; LOCATION OF TOILETS: _____

I hereby consent to inspection by the Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements, a copy of which I have received.

APPLICANT'S SIGNATURE: _____ DATE: _____
FEE: _____ RECEIPT # _____ DATE RECEIVED: _____ APPROVED BY: _____