



TEMPORARY FOOD SERVICE PERMIT APPLICATION

Walla Walla County Health Department/Environmental Health
 310 W Poplar Ste 110/P.O. Box 1753
 Walla Walla, WA 99362
 (509) 524-2662 Fax (509) 524-2677



Application and fee due 14 days or more before multi-vendor events

Event Name _____

Applicants Name _____

Event Coordinator _____
 (if multiple vendors)

Applicants Address _____

Event Coordinator's Phone _____
 (if applicable)

Applicants Home/Work Phone _____ / _____

Name of Food Service or Organization Represented _____

Applicants E-Mail _____

Person in Charge at the Food Service Site _____

Serving Location _____

Individuals with a valid Food Worker Card

Serving Dates _____ Hours _____

Name _____ / _____

Estimated Number of Customers/Day _____

Name _____ / _____

Card Exp. Date

Card Exp. Date

PLEASE LIST FOODS TO BE SERVED & OTHER INFORMATION

(if applicable) The sanitarian may limit the type of foods served.

Food Item Served	Source (where food purchased)	Location, Date & Time of Food Item Preparation	Type of Cooking Equipment	Hot or Cold Holding Equipment	Will Food Be Served Hot or Cold

List foods that will be prepared ahead of time and reheated: _____

Source of water supply to be used at site: _____

If prepared foods are transported to the site, how long will it take _____ How will the food be kept hot or cold _____

Wastewater disposal: Sewer Septic Tank Bucket Holding Tank

Food will be served from: Approved Kitchen Mobile Booth/Temp. Structure Other

Do you have gloves for handling ready-to-eat foods? Yes No

Do you have a metal stem thermometer for checking cooking temperatures, holding temperatures, etc? _____

Hand washing: Plumbed sink Gravity flow dispenser

Utensil washing: Plumbed sink w/2 or more compartments Dishwasher 2 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	
<u>Selling potentially hazardous foods:</u>	Total Fee:
\$60 flat fee + \$10.00/day x _____ days = \$ _____	
<u>Selling non-potentially hazardous foods:</u>	
\$30 flat fee + \$10.00/day x _____ days = \$ _____	
50% off above total fee for Non-Profit	\$ _____
85% of fee for multi-event discount	\$ _____
25% of fee + 100% of fee = total late fee	\$ _____
Double fee same day permit	\$ _____
Inspector _____	Amt Paid \$ _____
Receipt _____	Date _____

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

X _____

Applicants Signature

For additional permit info: www.co.walla-walla.wa.us

(Revised 11/08)

FOR HEALTH DEPARTMENT USE ONLY

I. Using letters A,B,C, etc. to show sequence, mark which procedures are planned at the approved kitchen for each menu item:

HAZARD POINT Food Item	1	2	2	1	2	3	3	3	3	3	I. SUB TOTAL
	Thaw Raw Cooked		Cut or Assemble	Cook <1" >1"		Cool	Cold Hold	Reheat	Hot Hold	Portion/ Package	

II. Using letters A,B,C, etc. to show sequence, mark which procedures are planned at temporary facility for each menu item:

HAZARD POINT Food Item	1	2	1-3	3	1	2	3	3	2	0	II. SUB Total	I. & II. SUB TOTAL
	Thaw Raw Cooked		Prepare	Cold Hold	Cook <1" >1"		Reheat	Hot Hold	Assembly	Serve		

Note: Cooling of potentially hazardous foods cannot be allowed in a temporary facility.

FOR HEALTH DEPARTMENT USE ONLY

Hazardous analysis should be 12 points or less. If more than 12, reconsider and mutually agree on what changes can be made to reduce the hazardous analysis score. **The Health Officer has the authority to eliminate any preparation step(s).**



APLICACION DE PERMISO TEMPORAL DE COMIDA

Condado de Walla Walla Departamento de Salud/Salud Ambiente
 310 W Poplar Ste 110/P.O. Box 1753
 Walla Walla, WA 99362
 (509) 524-2662 Fax (509) 524-2677



Aplicación y dinero
 tiene que ser recibido
 14 días antes de even-
 tos con mas de un ven-
 dedor

Nombre de Evento _____
 Coordinador de Evento _____
 (Si hay mas de un vendedor)
 Coordinador Teléfono _____
 (Si, aplica)
 Nombre de su organización _____
 Localización _____
 Fecha(s) sirviendo _____
 Horas _____ Cuantos sirven al día _____

Nombre de Solicitante _____
 Dirección _____
 Teléfono _____
 E-Mail _____
 Persona encargada del sitio: _____
Persona con tarjeta de comida:
 Nombre: _____ / _____
 Tarjeta se vence _____
 Nombre: _____ / _____

Por favor lista las comidas que van a servir y información requerida abajo.

El inspector puede limitad las tipas de comidas servidas.

Comida Servida	Origen de Comida (Donde Comprada)	Localización, Fecha y Tiempo de Comida Preparada	Tipo de Equipo para Cocinar	Equipo y Manera de Mantener Comida Fría o Caliente	¿Sirven la comida fría o caliente?

Lista las comidas preparadas antes de llegar al sitio y calentadas: _____

¿Cuanto tiempo duran en transporte comidas preparadas? _____

¿Cuanto tiempo duran comidas calientes o frías? _____

La comida se sirve de un: Puesto Móvil Otra

Tienes un termómetro para vigilar las temperaturas de comidas cocinando y comidas tratando de mantener calientes? Si No

Origine de agua usada en el sitio:

Disposición de agua sucia: Alcantarilla Cubeta
 Tanque de Séptico Tanque Sostenido

¿Tienes guantes para servir comida hecha? Si No

Lava Manos : Fregadero plomado
 Dispensador corredor de Gravitad

Lavando Utensilio : Fregadero plomado con dos o mas secciones
 lavaplatos dos tinas y dispensador

Desinfectante usado: Agua con cloro Otro
 Disposición de basura: Bote Contenedor de basura

Localización de baños:
 Tipo de tocador Bajarle al tocador Química

Health Department Use Only	
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\$60 flat fee + \$10.00/day x _____ days = \$ _____	
Selling non-potentially hazardous foods:	
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50% off above total fee for Non-Profit	\$ _____
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El Condado de Walla Walla Departamento de Salud tiene permiso a inspeccionar el establecimiento y se que el permiso es contingente a las reglas y ley del Condado de Walla Walla Codeo, Sección 8.04. Entiendo que este permiso es intransferible y que el Departamento de Salud **tiene que estar informado de cambios en el negocio en avance.**

_____ **Firma de Dueño** _____ **Fecha**