

 <p>GRAYS HARBOR COUNTY 1854</p>	<p>GRAYS HARBOR COUNTY DEPARTMENT OF PUBLIC SERVICES ENVIRONMENTAL HEALTH DIVISION</p>	<p>100 W Broadway, Suite 31 Montesano, WA 98563 360-249-4222 Phone 360-249-3203 Fax EHD@graysharbor.us</p>
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2024 Recurring Event Temporary Food Establishment Permit Application

All portions of this application must be completed, legible, signed, and submitted with full payment, to the Environmental Health Division at least 8 days prior to the event's start date.

APPLICATIONS RECEIVED WITHOUT ADEQUATE REVIEW TIME MAY BE DENIED

PERMIT FEE SCHEDULE – Effective January 1, 2024

SINGLE RECURRING EVENT – <i>Must be 3 or less days per week</i> Example: Farmer's Market		
Check ONE of the gray boxes below to indicate which permit type you are applying for		
RESTRICTED	\$105	
TCS FOODS	\$220	
Non-profit or charitable organization	50% pro-rated permit fee	
LATE FEES <i>If received 7 or less calendar days prior to the event</i>	50% of the permit fee	

Business/Organization Name: _____

Applicant Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Is your Organization a Registered Non-Profit? Yes, provide 501(c)(3) tax code: _____ No

Using a Mobile Food Unit (Food Truck)? Yes No

If yes, you **MUST** provide the L&I Permit Number: _____

*Any revision to plans of operation must be submitted to the Environmental Health Division in writing for review and approval. Please be aware that revisions may delay the issuance of a permit. A Temporary Food Service Establishment found operating without an approved Temporary Food Service Permit issued by Grays Harbor County will be charged **double** the original permit fee. Payable prior to resuming operation or to be applied to the cost of the next permit fee.*

I HAVE READ AND AGREE TO COMPLY WITH THE REQUIREMENTS FOR A TEMPORARY FOOD SERVICE ESTABLISHMENT. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THE ABOVE STATED REQUIREMENTS MY ESTABLISHMENT WILL BE CLOSED.

OPERATOR SIGNATURE: _____ DATE: _____

Event Information

Name of Event: _____

Event Location/Address: _____

Dates of Operation: _____ Times of Operation: _____

Event Coordinator Name: _____ Phone: _____

Email: _____

Please complete the following with as much detail as possible. Answers will be used to determine if your food handling techniques are consistent with proper food safety. ***FOODS PREPARED AT HOME CANNOT BE SERVED TO THE PUBLIC***

COMISSARY

Organizations or individuals requiring the use of an off-site kitchen facility must be reviewed and approved by this office.

1. Does your operation require advance menu preparation such as cooling or uses produce that is not purchased pre-washed/pre-cut?

Yes N/A (if N/A, move to Food Handling at the Event)

*If yes, you **must** obtain permission to use a kitchen facility licensed in Washington State and provide the following information.*

Name of Approved Facility: _____

Approved Facility Street Address (street/city/state/zip): _____

Date(s) of Food Preparation: _____

Time(s) of Food Preparation: _____

2. Describe activities at the approved kitchen facility listed above:

Cooking
Cooling
Produce Washing (example: lettuce and tomatoes washed and cut)
Dishwashing
Storage
Other

Kitchen Owner Signature: _____ **Date:** _____

Kitchen Owner Name: _____ **Phone Number:** _____

Email: _____

Food Handling at the Event

1. **Water Supply source/location:** _____
2. **Wastewater Disposal location:** _____

*****THE STORM DRAIN IS NOT A SANITARY SEWER*****

3. **Garbage Disposal:**
 Provided by Event Coordinator Dumpster located on-site Will haul away
4. **Restroom location equipped with hot and cold running water, soap, and paper towels:**
 Within 200 feet of booth Inside event facility Other, explain: _____
5. **Handwashing station**
 Plumbed hand sink Temporary handwashing facility with warm water (refer to the *Guidelines for Temporary Food Establishments* on our website for an example)
6. **Handwashing stations will be equipped with warm running water at least 100°F, soap, single-use paper towels, and a bucket to collect wastewater. If using a temporary handwashing facility such as an insulated container of warm water, the turn spout must provide a continuous flow:**
 Yes No
7. **Dishwashing**
 Three-compartment sink in an approved kitchen (complete the Commissary section)
 Portable 3 tubs to wash, rinse and sanitize
 Will provide extra utensils, no equipment washing required for operation
8. **Sanitizer/Bleach – you will provide a container (1 teaspoon bleach to 1 gallon water), wiping cloths, and test strips:**
 Yes No
9. **Produce Washing**
 Produce purchased pre-washed and pre-cut
 Produce washed and processed in an approved kitchen (complete the Commissary section)
 Separate gravity flow container on-site for produce washing only
10. **Method of overhead protection over entire food preparation service area:** _____
11. **Barrier(s) used to prevent barehand contact with ready-to-eat food:** _____
12. **Cooking Equipment:**
 Grill/BBQ Oven Fryer Smoker Other: _____
13. **Cold/Hot Holding Equipment:**
 Refrigerator Ice chest Steam table Grill/BBQ Other: _____

14. Minimum cold holding temperature: _____ °F

15. Minimum hot holding temperature: _____ °F

16. You will have at least one food worker that possesses a valid Washington State Food Worker Card?

Yes No

There must always be at least one person on-site with a WA State Food Worker's Card

WASHINGTON STATE FOOD WORKER CARDS

List all food workers who shall be assigned as the Person-In-Charge (PIC) during the event.

Food Worker Name	Food Worker Card Expiration Date

MENU

List all food and beverage menu items in the table below. Be sure to include ingredients for each. Failure to list all ingredients and/or information may result in the delay of your Temporary Food Service Permit. Alternatively, you may use a separate piece of paper to list all menu items and information.

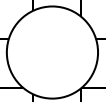
Only food items listed in the table below and those that are approved by the Environmental Health Division may be served. You must submit any menu changes to our office for approval at least seven (7) days prior to the event. Additional fees may apply.

Food or Beverage Item	List of Ingredients	Is the Food Item Purchased Pre-Cooked or Raw?	Is a Commissary used to prepare this Menu Item?	How will Food be Transported to the Event?	How will the Food Item be Cooked?	Internal Cooking Temp.	How will the Food be Hot or Cold Held?
Hot Dogs	Beef Hot Dogs, Buns, Ketchup, Mustard	Purchased pre-cooked		Ice chest/cooler	Per order using BBQ. Assembled with disposable gloves and/or tongs.	140°F	Ice chest with ice fully surrounding food

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Site Plan

Using the grid below or a separate sheet of paper, draw your temporary food service set up. You must show all cooking, hot holding, and cold holding equipment are located. In addition, you must show where the designated handwashing station is located as well as any food preparation areas and dishwashing setup (if applicable). Refer to the last page of our *Guidelines for Temporary Food Establishments* on our website for a site plan example.

 North Arrow																			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Scale: _____</div>																			

OFFICE USE ONLY

EHS Initials: _____ **Date:** _____