 <p>GRAYS HARBOR COUNTY 1854</p>	<p><b>GRAYS HARBOR COUNTY</b> <b>DEPARTMENT OF PUBLIC SERVICES</b> <b>ENVIRONMENTAL HEALTH DIVISION</b></p>	<p>100 W Broadway, Suite 31 Montesano, WA 98563 360-249-4222 Phone 360-249-3203 Fax <a href="mailto:EHD@graysharbor.us">EHD@graysharbor.us</a></p>
---	---	--

## 2024 Single 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 EVENT			
Check ONE of the gray boxes below to indicate which permit type you are applying for			
RESTRICTED	\$55 per event		
TCS FOODS	1 – 3 Days	\$90	
	4 – 8 Days	\$140	
	9 – 21 Days	\$210	
	More than 21 days but less than 3 days per week	\$220	
Non-profit or charitable organization	50% pro-rated permit fee		
<b>LATE FEES</b> <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.

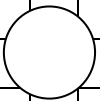
Only food items listed in the table below and those that are approved by the Environmental Health Division may be served. You must submit any menu changes to our office for approval at least seven (7) days prior to the event. Additional fees may apply.

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?
<i>Hot Dogs</i>	<i>Beef Hot Dogs, Buns, Ketchup, Mustard</i>	<i>Purchased pre-cooked</i>		<i>Ice chest/cooler</i>	<i>Per order using BBQ. Assembled with disposable gloves and/or tongs.</i>	<i>140°F</i>	<i>Ice chest with ice fully surrounding food</i>

<b>Food or Beverage Item</b>	<b>List of Ingredients</b>	<b>Is the Food Item Purchased Pre-Cooked or Raw?</b>	<b>Is a Commissary used to prepare this Menu Item?</b>	<b>How will Food be Transported to the Event?</b>	<b>How will the Food Item be Cooked?</b>	<b>Internal Cooking Temp.</b>	<b>How will the Food be Hot or Cold Held?</b>

## 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																				
<table border="1" style="border: 1px solid black; padding: 5px;"><tr><td style="padding: 2px;">Scale:</td></tr></table>																				Scale:
Scale:																				

.....

**OFFICE USE ONLY**

**EHS Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_