

Public Health - Seattle & King County
TEMPORARY FOOD SERVICE APPLICATION - FARMERS' MARKET/RECURRING EVENT - 2008
Effective 1/1/08 – 12/31/08

TYPE OR PRINT LEGIBLY
DUE AT APPROPRIATE DISTRICT OFFICE AT LEAST 14 DAYS PRIOR TO EVENT

\$218_____	6201 (P/E)	Low Hazard Operation (non-potentially hazardous foods and prepackaged potentially hazardous foods prepared in a USDA, WSDA, FDA facility) \$193 permit fee + \$25 Plan Review Fee (S601)
\$226_____	6202 (P/E)	High Hazard Operation (potentially hazardous foods) \$201 permit fee +\$25 Plan Review Fee (S601)
		501(C)(3) Organizations – include copy of IRS determination letter
\$121.50_____	6206 (P/E)	• Low Hazard 501(C)(3) Operation \$96.50 + \$25 plan review fee
\$125.50_____	6203 (P/E)	• High Hazard 501(C)(3) Operation \$100.50 + \$25 plan review fee
		Schools
\$121.50_____	6213 (P/E)	• Low Hazard \$96.50 + \$25 plan review fee
\$125.50_____	6214 (P/E)	• High Hazard \$100.50 + \$25 plan review fee
\$25 _____		Late Fee , application made 9-12 days prior to event with approval of the district office – high and low hazard only
\$50 _____		Late Fee , application made 3-8 days prior to event with approval of the district office (all plan applications received 2 days or less will be approved at supervisor discretion) – high and low hazard only
\$25 _____	6204 (P/E)	Plan Review Only Permit (includes demonstration-no raw oysters or raw milk) application is acting permit - must keep on site - no late fees
\$ _____		TOTAL PAID \$25 plan review fee is non-refundable.

For Office Use Only
Permit No. (Service Request No.)

Inspection Code (District)

Event Code (Facility ID)

Invoice No.

1. Name of vendor:	Contact Person:
Home Address:	City: Zip: Phone: ()
2. Event/Market:	Event/Market Coordinator: Phone: ()
Location/Address	City: Zip:
Event Dates:	Event Hours:
Is this the first time for this event?	Will this event occur next year?

3. MENU (include beverages and all extra ingredients served with each item) and PREPARATION PROCEDURES:
a) Check which preparation procedure each menu item requires at the *RESTAURANT*:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion	package
1.									
2.									
3.									
4.									

b) Check which preparation procedure each item requires at the *BOOTH*:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
1.						
2.						
3.						
4.						

NOTE: If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate sheet. Include all ingredients and condiments.

4. If processing of food or meat is required, list name of facility used and agency that issued the permit.

Facility Name: _____ Address: _____ City: _____ Zip: _____
 Permitting Agency: _____ Dates and Times Kitchen Used: _____

5. How will you provide temperature control for potentially hazardous foods? Circle as many as you will be using.

Foods must be 41°F or colder, or 140°F or hotter. MONITOR THEM FREQUENTLY!

Hot holding: steam table, oven, BBQ, gas grill, wok, steamers, stove, hot holding case, other (list) _____

Reheating or cooking: oven, BBQ, gas grill, wok, steamers, stove, other (list) _____

Cold holding: refrigerator, refrigerated truck, refreezable ice/cooler, dry ice/cooler, drained iced, freezer, other (list) _____

During Transport: _____

6. List personnel for the event (if you don't know who is working yet, provide a name list with Health Card numbers at the booth for the Health Officer):

NAME	HEALTH CARD #	EXP. DATE	NAME	HEALTH CARD #	EXP. DATE
1.			4.		
2.			5.		
3.			6.		

7. Describe booth:

Floor _____ Roof _____ Walls _____

Walls and ceiling must be made of wood, canvas, or other material that protects the interior of the booth from dirt and weather. Foods cannot be prepared, cooked or displayed on the front counter unless there is some means of protection from contamination. Floors must be made from a cleanable material. Booth must be large enough to accommodate all activity and food storage.

ADDITIONAL REQUIREMENTS:

1. You must provide a gravity flow **handwashing facility** in your booth. This consists of an insulated container with a spigot that can lock in open position – capacity of 5 gallons or more filled with warm water 100°F; a tub or bucket for waste water, pump soap and paper towels. You must check the handwash facilities throughout the day and refill when needed. **WASH HANDS FREQUENTLY!**
2. You must provide **sanitizer solution** for wiping cloths in your booth. This solution consists of 1 teaspoon of bleach per gallon of water. Bleach (clorox or other types) must have an EPA certification number and usage instructions on the label for food service sanitizing.
3. You are required to provide a **stem-type thermometer** if you serve potentially hazardous foods. Monitor temperatures frequently.
4. You must provide leak-proof **garbage containers** in your booth.
5. You must provide **water** that is obtained from an approved source.
6. You must dispose **wastewater** in a sanitary sewer. Disposal of wastewater in storm drains or on the ground is unacceptable.
7. You must provide **restrooms** for your employees. Restrooms must have handsinks with hot and cold running water. HEPATITIS A and other illnesses can be spread by food workers who don't wash their hands after using the bathroom. **WASH HANDS BEFORE RETURNING TO THE BOOTH.** (Portable toilets are not allowed, unless portable handwashing facilities with hot water, soap and paper towels are provided.)
8. You must provide **dishwashing facilities** if you are preparing food at the event or if the event is more than one day. For large events the event coordinator can supply. Soap and sanitizer must also be provided.
9. **Storage.** All food and single service utensils, napkins, etc., must be stored off the ground.

YOUR APPLICATION MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO THE EVENT. APPLICATIONS RECEIVED LESS THAN 14 DAYS PRIOR TO THE EVENT MAY NOT BE APPROVED. IF APPROVED, MENU MAY BE RESTRICTED. ONCE THE APPLICATION IS APPROVED, NO CHANGES MAY BE MADE WITHOUT APPROVAL BY THE HEALTH OFFICER. UNAUTHORIZED CHANGES MAY BE SUBJECT TO PERMIT SUSPENSION.

Signature of Operator

Signature of Health Officer

Verified permit and operational information with _____ Date _____

DISTRICT HEALTH CENTERS

ALDER SQUARE
1404 Central Avenue S, Ste 101
Kent, WA 98032
(206) 296-4708

DOWNTOWN
401- 5th Avenue, 11th Floor
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10808 NE 145th Street
Bothell, WA 98011
(206) 296-9791