



TEMPORARY FOOD ESTABLISHMENT APPLICATION

Applicant	_____		
Contact Person	_____		
Mailing Address	_____		
City	State	Zip	
Phone #	E-mail		_____
Permit Received Choice:	Email <input type="checkbox"/>	Mail <input type="checkbox"/>	In-Office Pickup <input type="checkbox"/>

Name of Event _____			
Address /Crossroads _____			
Event Coordinator		Date of Event :	Month _____ Date(s) _____
Set Up Date	Set Up Time	Serving Time: From	To
Booth Manager _____			
Food and Beverage Card Expiration Date: _____			

Name of Event _____			
Address/Crossroads _____			
Event Coordinator		Date of Event :	Month _____ Day(s) _____
Set Up Date	Set Up Time	Serving Time: From	To
Booth Manager _____			
Food and Beverage Card Expiration Date: _____			

I hereby certify that all information provided is accurate and complete to the best of my knowledge

Signature X

Date

Submit Applications and payment to: Northeast Tri-County Health District

E-Mail To:

EHMAIL@netchd.org

Stevens County
240 Dominion Ave
Colville, WA 99114
Phone: 509.684.2262
Fax: 509.684.8506

Pend Oreille County
605 Hwy 20
Newport, WA 99156
Phone: 509.447.3131
Fax: 509.447.5644

Ferry County
147 N Clark, Suite 1
Republic, WA 99166
Phone: 509.775.3111
Fax: 509.775.2858

We accept credit/debit card payments . There is a 5% service fee added to the total Permit Fee Amount at the time of receipt.

Permit Fee	Rcpt Number	Date Received		Approved By	Date Approved

Step

1

Please answer the following questions to determine if you are a Category 1 - Packaged PHF Temporary Food Establishment

1. Are all potentially hazardous foods processed / prepared in a permitted or licenced facility? Yes No
2. Will all foods, including samples, remain packaged at all times? Yes No

If you have answered NO to either Question 1 or 2, you are NOT a Category 1 PHF Temporary Food Vendor. Please continue to Step 2.



If you have answered YES to both Question 1 and 2, you are a Category 1 PHF Temporary Food Vendor. Please list your Food Items below and pay the appropriate fee for your permit.



List All Foods	Agency that permits or licensed the packaged food	Equipment used for cold holding at event

Fee Information

Single Events	\$30.00	X Number of Events	#	\$ _____
Recurring Events (Serving same food at same location, for not more than 3 days a week. Example: Farmer's Market)	\$50.00			\$ _____
Non-Profit Organizations receive 50% Discount of Event Fee	50%			- _____
Late Fee (if application received within 5 days of event)	\$30.00			\$ _____

Total Amount Due \$ _____

Please allow 3 days for receipt of permit. Permit must be visible in booth during entire event.

Step 2

Please answer the following questions to determine if you are a **Category 2** or **Category 3** (Food Preparation) Temporary Food Establishment.

1. Will foods be cooked from **raw** animal products, or will **raw/undercooked** animal products be served? (eggs, beef, poultry, pork, fish, other meats?) Yes No

2. Will foods be cooked in advance and /or cooled? (approved kitchen only) Yes No

Category 2 If you answered NO to both questions, you are a **Category 2** - Food Preparation Temporary Food Establishment. Please fill out the information below and pay the appropriate fee for your permit.

Category 3 If you answered YES to either or both of the questions, you are a **Category 3** - Food Preparation Temporary Food Establishment. Please fill out the information below and pay the appropriate fee for your permit.

Kitchen / Food Handling Information

What type of kitchen facility will you be using? Permanent Kitchen Booth
Mobile Unit Off-site Prep Kitchen
(Complete Prep Kitchen Section)

All Water must be provided from an approved public water system. What is the source of water you will be using? Provided at event Bottled
Other Water System - Name and/or ID # _____

What facilities will be available for handwashing? Plumbed Sink Gravity-flow Handwashing Station

How will you prevent bare hand contact with ready to eat foods? Gloves Utensils
Deli Tissue or Napkin

What facilities will be available at the event for dishwashing? 3 Compartment Sink 3 Individual Tubs
Other _____

Please Acknowledge by checking the YES box.

- Sanitizer (bleach water) must be available for wiping cloths. Must have test strips. YES
- An accurate thermometer must be available to measure food temperatures. YES
- Restrooms, with handwashing facilities, must be provided at the event for employee use. YES
- Garbage must be disposed of properly. YES
- An overhead cover will be provided for any outdoor events. YES
- Wastewater must be disposed of properly. YES
- At least one person, with a valid food worker card, must be present at all times. YES

COMPLETE (IF APPLICABLE)

Prep Kitchen Section - All advance food preparation and cooling must be done in an approved kitchen.

Kitchen Name _____
 Kitchen Address _____
 Kitchen Contact Person _____ Phone _____ Days/Hrs Used _____

What activities will be conducted at the prep kitchen?
 Produce Washing Cooking
 Slicing, Chopping, Mixing
 Cooling & Method to be used _____
CHECK ALL THAT APPLY

Food List

LIST ALL FOOD Include all beverages and condiments	Food Item purchased /Food source	How will food be transported?	Cold Holding Equipment	Cooking or reheating Equipment?	Final cooking or reheating temperature	Hot Holding Equipment?
<i>EX: Hamburger with lettuce, tomato, onions, ketchup, mustard</i>	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source: <i>Costco</i>	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used <i>Coolers</i>	<i>Coolers, Refrigerator</i>	<i>Grill</i>	<i>155 ° F or hotter</i>	<i>Grill</i>
	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source:	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used				
	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source:	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used				
	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source:	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used				
	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source:	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used				
	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source:	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used				
	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source:	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used				
	Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Source:	Hot <input type="checkbox"/> Cold <input type="checkbox"/> Equipment Used				

Fee Information

Category	2	3			
Single Events	\$30.00	\$ 70.00	X # of events	#	\$ _____
Recurring Events (Serving same food at same location, for not more than 3 days a week. Example: Farmer's Market)	\$50.00	\$ 90.00			\$ _____
Non-Profit Organization receive 50% Discount of Event Fee	50%				- _____
Late Fee (if application received within 5 days of event)	\$30.00				\$ _____
Total Amount Due					\$ _____

Please allow 3 days for receipt of permit. Permit must be visible in booth during entire event.