

WHATCOM COUNTY
HEALTH DEPARTMENT
509 Girard Street
Bellingham, WA 98225
(360) 778-6000

2019 NORTHWEST WASHINGTON FAIR
TEMPORARY FOOD SERVICE
APPLICATION

Fees: \$168.00 + \$5.04 (3% Technology Fee) = \$173.04 paid at least 14 days in advance

***Applications received after **July 26, 2019** may not be accepted for processing

Do not e-mail the application to our office. Payment must accompany application

Organization/food service represented: _____

Applicant's Name: _____ E-mail: _____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Contact Numbers: Cell Work Home Phone: _____ Cell Work Home Phone: _____

Person(s) in charge at food service site: WA State Food Handler card? Yes No

Type of Facility: Permanent Building with Kitchen Completed Mobile Unit Stick Booth

New vendor for 2019: Yes No If yes, **attach a floor plan drawn to scale** and include the following:

Handwashing sink	Cooking equipment	Food storage areas
Cold hold equipment	Food prep areas and table	Food preparation sinks (if any)
Hot holding equipment	Warewashing sinks	

Returning vendor: Same equipment and menu as 2018: Yes No If no, list changes to equipment and menu:

Menu: List all food items and method of food preparation on the second page of this application

Handwashing Sinks: Plumbed sink with warm running water, soap and paper towels
*Gravity Flow Containers are permitted **only in addition** to a plumbed handwash sink.*

Is an additional gravity flow handwashing station provided (required for additional preparation areas)?

Advanced preparation required: Yes No Food requiring advanced prep: _____

Location of advanced preparation: _____

Produce: Purchased prewashed produce Produce washed on site Location of produce washing: _____

Cooking Equipment: BBQ/Grill Stove/Oven Deep Fryer Griddle/flat top Other: _____

Hot Holding Equipment: Steam table Stove Oven Grill Crock Pot Other: _____

Cold Holding Equipment: Refrigerator Freezer Ice Chest with ice Other: _____

Warewashing Equipment: 3 compartment sink 2 compartment sink Dishwasher: Low Temp High temp
2 compartment sink is only allowed for low risk foods.

Sanitized Wiping Cloth: Will provide container, cloths and test strips (example: 1 tsp bleach to 1 gallon cool water)

Type of food thermometer: Digital this tip food thermometer Stem type (0-220) thermometer

Water Source: Direct Connection Holding Tank Size in gallons: _____ Food grade hose available? Yes No

Wastewater: Direct Connection Holding Tank Size in gallons: _____
Wastewater holding tank must be at least 15% larger than the freshwater holding tank

Location of wastewater disposal if using holding tank: _____

I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with WAC 246-215 as amended.

APPLICANT'S SIGNATURE: _____ DATE: _____

Directions:

Food Preparation for Temporary Food Service

1. Food Preparation Table: List what food items will be prepared. Place an “X” indicating if the food will be purchased already prepared or made on site. Then, list, by number, the order of food preparation steps used for the menu item you will be serving.

Example: Thawing chicken is the first step in preparation so that box is given a “1”. After thawing, cold holding the raw chicken is the second step, so that box is given a “2”. Next, the chicken is cooked so that box is given a “3”. The chicken is then hot held, so that box is given “4” and finally the chicken is served hot at the event site, so that box is checked “Hot”.

*****Cooling leftover hot foods at the end of each event day is not allowed. Discard any leftover hot food.*****

Hot foods must be cooked the day of the event.

We do not allow hot foods to be cooked, cooled and reheated for hot holding at the temporary food establishment.

Food Preparation Only menu items listed will be approved for service. Additional menu items must be approved by our office in advance.											
Food	Food purchased prepared	Food prepared off-site	Food prepared on site	Thaw	Cut/ Assemble	Cook	Hot Holding	Cold Holding	Reheat	Portion	Service: Hot or Cold (indicate one)
Example: Chicken			X	1		3	4	2			<input checked="" type="checkbox"/> Hot <input type="checkbox"/> Cold
											<input type="checkbox"/> Hot <input type="checkbox"/> Cold
											<input type="checkbox"/> Hot <input type="checkbox"/> Cold
											<input type="checkbox"/> Hot <input type="checkbox"/> Cold
											<input type="checkbox"/> Hot <input type="checkbox"/> Cold
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											<input type="checkbox"/> Hot <input type="checkbox"/> Cold
											<input type="checkbox"/> Hot <input type="checkbox"/> Cold
											<input type="checkbox"/> Hot <input type="checkbox"/> Cold
											<input type="checkbox"/> Hot <input type="checkbox"/> Cold

I hereby consent to inspection by a Whatcom County Health Department representative and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with Washington State Retail Food Code WAC 246-215.

Applicant's Name (please print): _____

Applicant's Signature _____ Date: _____