

**WHATCOM COUNTY
HEALTH DEPARTMENT
509 Girard Street
Bellingham, WA 98225
(360) 676-6724**

**TEMPORARY FOOD SERVICE
APPLICATION**

- Fees:** \$85.00 paid 14 days in advance
 \$115.00 paid 7-13 days in advance
 \$140.00 paid 2-6 days in advance

Return this application to the HEALTH DEPARTMENT (in person or by mail) 14 days prior to the event.

1. Event _____ Location Address _____
2. Start date: _____ month/day/ at _____ am/pm Ending date: _____ month/day at _____ am/pm
3. Organization/food service represented _____
4. Applicant's Name _____ Work Phone _____ Home Phone _____
5. Applicant's Address _____ City _____ Zip _____
6. Person(s) in charge at food service site _____
7. Person(s) with current food handler cards _____
8. Type of facility (check one): Permanent kitchen Address _____
Mobile unit Temporary booth
9. Location of advanced preparation _____ Time _____
Preparation begins: _____ month/day at _____ am/pm Preparation ends: _____ mo./day at _____ am/pm
10. If food is transported to the site, please state:
Time in transport _____ How food is kept hot or cold _____
11. Please list all foods to be served:

FOOD ITEM <small>(If more space is needed use the back of this form)</small>	OFF SITE PREP YES/NO	ON SITE PREP YES/NO	COOKING PROCEDURES	HOLD HOT/ COLD?	SERVE HOT/ COLD?

NOTE: Late additions to the menu must be approved by Health Department.

12. Describe: Cold holding equipment _____ Cooking equipment _____
Hot holding equipment _____ Heating equipment _____
13. Do you have a: Stem type (0-220°F) thermometer Digital food thermometer
14. Water source _____ Wastewater disposal: Sewer Holding tank
15. Handwashing facilities: Plumbed sink Gravity flow container (minimum 5 gallons of 100°F+ water in an insulated container with a continuous flow spigot, wastewater bucket, soap, and paper towels.)
16. Do you have a plumbed hot water heater? Yes No
17. Utensil washing facilities: 3-compartment sink 2-compartment sink Other _____
18. Sanitized wipe cloth solution: Bleach/water Other _____
19. Location of toilets _____ Hot water? Yes No Garbage disposal _____



I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with temporary food service regulations.

APPLICANT'S SIGNATURE _____ DATE _____