

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

**TEMPORARY
FOOD SERVICE WAIVER (II)
Application and Permit**

Fees: **Single Event** \$20.00
 Multiple Event \$38.00

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

Permit valid only for days listed and must be displayed on site.

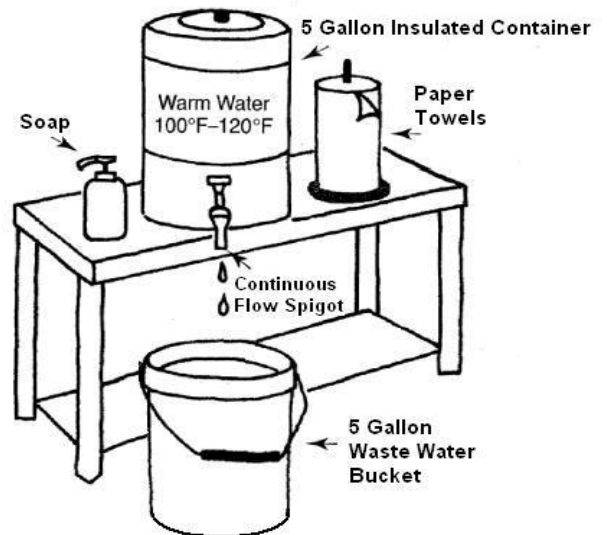
Organization/Food Service Represented _____
 Contact Person _____ Work Phone _____
 Mailing Address _____ Home Phone _____
 City _____ State _____ Zip Code _____
 Event(s) _____ Event Location _____
 Date(s) of Event(s) _____
 Menu Items _____

The permit holder agrees to:

1. Provide or sell only the food items listed above.
2. Limit the duration of the event to 3 days or less.
3. Obtain all food and water from sources approved by the Health Officer.
4. Send volunteers/employees home if they are ill with vomiting, diarrhea, jaundice, or persistent coughing or sneezing.
5. Provide handwashing facilities in the booth. Provide a plumbed sink with hot and cold running water, soap and paper towels or a portable handwashing station, including a minimum 5 gallon gravity flow insulated container with a continuous flow spigot.

Operating conditions: The permit holder agrees to:

6. Provide suitable utensils like spoons, tongs, ice scoops with handles or plastic gloves to eliminate bare hand contact with ready-to-eat foods and ice.
7. Serve hot/cold foods obtained from licensed food service establishments within 4 hours.
8. Provide: a metal stem-type thermometer - or -
 a digital food thermometer
9. Provide a valid Washington State Food Worker Card (Health Card) for the person in charge who is on site.
10. Provide a bucket with a bleach water solution for wipe cloths. Use 1 capful of bleach per gallon of water for sanitizing work surfaces throughout the day.
11. Store foods and food service items (examples: paper cups, napkin, etc.) off of the ground.
12. Provide extra utensils to replace dirty utensils every 4 hours.
13. Additional Conditions:



I understand that permit suspension may occur if I violate food service regulations.

Applicant _____ Date _____
 Approved by _____ Date _____
 Expiration Date _____