



Island County Public Health

Environmental Health – Food Safety Program
Mailing Address: 1 NE 7th Street, Coupeville, WA 98239
Physical Address: 1 NE 6th Street, Coupeville, WA 98239
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

Permit Exemption Application

Exempted Foods

The following foods may be exempted from a permit upon submission of an application at least 14 calendar days prior to operation. (Island County Food Code, Chapter 8, Subpart C, 08305)
Please check all that apply to your business:

- ☐ Individual samples of non-TCS* sliced fruits and vegetables.
- ☐ Popcorn and flavored popcorn prepared from commercially packaged non-TCS* ingredients.
- ☐ Dried herbs and spices processed in an approved facility.
- ☐ Crushed ice drinks containing only non-TCS* ingredients and dispensed from a self-contained machine that makes its own ice. *Snow cones and shaved ice are not exempt.*
- ☐ Corn on the cob with butter, shake on spices or commercial mayonnaise in squeeze bottle only).
- ☐ Whole roasted peppers.
- ☐ Roasted nuts, roasted peanuts, and roasted candy-coated nuts.
- ☐ Chocolate-dipped ice cream bars from prepackaged ice cream bars produced in a food processing plant.
- ☐ Chocolate-dipped bananas prepared from bananas peeled and frozen in an approved facility.
- ☐ Cotton candy.

** TCS Food (Time/Temperature Control for Safety Food) – food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. Examples include but are not limited to meat, fish, milk, eggs, cut melons, cut leafy greens, sprouts, and cooked plant foods.*

Application

Applicant Name:		UBI:
Business Name:		
Address:		
City:	State:	Zip:
Phone:	E-Mail	
Operational Date(s)/Time:		
Event Name:		
Commissary Name:		
Commissary Address:		
City	State:	Zip:

Operational Checklist

The person-in-charge shall ensure that all food safety rules are followed.
Review and initial each item below. Incomplete applications will be denied.

Initials	Requirements
	There will always be at least one person-in-charge in the booth with a valid Washington State Food Worker Card.
	A plumbed sink or continuous flow (gravity fed or plumbed) hand wash station with a minimum water capacity of 5 gallons, warm water, hand soap dispenser, disposable towel dispenser, trash can, and wastewater catch container will be required. The hand wash station is required to be operational before any food handling activities occur and remain operational during all hours of service.
	Suitable number of restrooms with designated hand wash stations must be provided for employee and consumer use.
	All foods must be purchased from an approved source on the same day of the operation or must be stored at an approved commissary kitchen if not purchased on the day of operation.
	Bare hand contact with ready to eat foods is prohibited. Limit contact with hands by using suitable utensils, wraps, etc.
	All food workers are required to report illness symptoms including vomiting, diarrhea, jaundice, and sore throat with fever to the person in charge. Food workers with these symptoms are required to be excluded from working at the event by the person in charge.
	Dishwashing, equipment cleaning, food storage, and any limited preparation must occur at an approved commissary kitchen.
	Store all foods and wares at least six inches off the floor. Store all foods in enclosed containers or with lids to protect from contamination.
	Suitable durable waste containers must be provided to allow for proper solid waste disposal for employees and customers.
	Suitable liquid waste containers must be provided to capture wastewater from hand sink, ware washing, and any grease generated on site. All liquid wasted must be disposed of in a sanitary sewer. All grease must be disposed in accordance with local requirements.

After receipt of application, you will be e-mailed notification of approval or denial. You may be asked to provide additional information. Once the application is approved, NO changes may be made without approval from this department.



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SITE PLAN – BOOTH DIAGRAM (label hand sinks, table, equipment, etc.)

OPERATOR RESPONSIBILITIES (Complete as applicable)	APPLICANT INITIALS
I understand that no changes to the menu or operational scope may be made without written approval from Island County Public Health.	
I acknowledge that I have received and reviewed operational requirements and understand that my establishment must comply with the applicable Food Safety requirements.	
I understand that my establishment must abide by all applicable State and Federal regulations and specifics of any permits issued WSDA, State, or Federal agencies.	

I hereby acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with Washington Administrative Code 246-215, local food safety requirements, and my food establishment may be subject to inspection by Island County Public Health.

Applicant Signature:	Date:
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Office use only:

☐ Approved EHS approval: _____ Date: _____

☐ Denied Reasoning: _____ Date: _____

Comments: _____