



## APPLICATION INSTRUCTIONS FOR TEMPORARY FOOD ESTABLISHMENT PERMIT INSTRUCTION FOR FOOD VENDORS

**Application and the appropriate fee(s) must be submitted at least 14 business days prior to event**

### Background:

The temporary food establishment application is used for food establishments with or without an annual license within or out of the county looking to temporarily operated in a temporary facility whether a booth, mobile unit, stand, or other brick-and-mortar location. According to the Washington State Retail Food Code (WAC 246-215) a **Temporary Food Establishment** is a food establishment “operating at a fixed location, with a fixed menu, not more than twenty one consecutive days in conjunction with a single event; or operating not more than three days a week at a fixed location in conjunction with an approved event.”

If you’re applying to attend a farmer’s market, please use “Farmer’s Market Application.”. If your food items fall under the exempt foods according to WAC 246-215, please see “Exemption from Permit Application.”

Permits are **non-transferable** to either person or location. Application fees are **non-refundable and non-transferable**.

If you have additional questions, please contact the Food Safety Program at 360-678-8276.

### Application Process:

- Submit a completed “Temporary Food Establishment Application” with applicable fees; “Commissary Kitchen Agreement Form” (if applicable) and other supporting documents (if applicable) at least 14 calendar days prior to the event start date.
- Application and fees can be mailed or submitted in person the Island County Public Health office. Make checks and money orders payable to Island County Public Health.
- If approved, the “Temporary Food Establishment Permit” may be picked-up, faxed, emailed or mailed.
- Operating differently than indicated on the approved application may result in immediate closure of your temporary food establishment.
- An inspection may be done at the temporary site location during times of operation as listed on the application. See “How to Pass a Routine Inspection” and/or “Temporary Food Establishment Self-Checklist” for food safety requirements.

**Fees:** Are determined by the number days the temporary food establishment will be operating and the number of procedures (risk factors) done to the food at both the commissary kitchen and at the event site. Low risk foods are foods with 3 or less risk factors and high risk foods are foods with 4 or more risk factors. Risk factors are: receiving, cold holding, hot holding, cooking (from raw), reheating, cooling, using-time as a control, and special processes.

# days	Low risk	High risk
1	\$43.00	\$79.00
2	\$77.00	\$110.00
3	\$172.00	\$215.00
4-8	\$223.00	\$257.00
Sampling	\$29.00	\$29.00



## INSTRUCTIONS FOR TEMPORARY FOOD ESTABLISHMENT APPLICATION

NAME OF EVENT: Name of event participating in.

EVENT LOCATION OR ADDRESS OF EVENT: Address where food is distributed. If address is not available, nearest address/location description is applicable. Each permit applies to one (1) location.

EVENT COORDINATOR NAME: Name of person in charge of food booths at the event. Not all locations have a coordinator. If not in conjunction with an organized event, name the person in charge of food booth.

EVENT COORDINATOR PH# & EMAIL: Provide contact information for the event coordinator. If no coordinator, provide contact information of person in charge of food booth.

NAME OF FOOD BOOTH/BUSINESS: Name of the food operation. Each permit applies to one (1) organization/establishment only.

APPLICANT'S NAME & TITLE: Name and title of person signing application. Applicant will be responsible for questions and obtaining permit.

BUSINESS MAILING ADDRESS: Mailing address of appropriate contacts to receive permit, returned application, or (rare) refund.

APPLICANT'S PH#: Phone number of person(s) responsible for questions and permit pick-up. If fax number provided, permit can be faxed.

EMAIL: Email of person(s) responsible for questions and receiving permit. If provided, permit can be scanned and emailed.

NAME OF PERSON IN CHARGE OF FOOD BOOTH DURING OPERATION (SUBMIT COPY OF FOOD WORKER CARD): Name of the person(s) in charge of food booth and will be present during time of operation. A copy of their valid food worker card must be provided along with application.

UBI#: A UBI is a non-digit number that registers you with several state agencies and allows you to do business in Washington State. A UBI number is sometimes called a tax registration number, a business registration number, or a business license number.

TYPE OF FACILITY: Check the appropriate box – mobile unit is any food establishment contained on wheels without an ICPH annual license; temporary establishment is for all other food establishments that needs to be built and broken down.

I HAVE AN ICPH ANNUAL LICENSE: Check the appropriate box – yes if you have a valid ICPH annual license.

NAME OF COMMISSARY KITCHEN: Name of the licensed food establishment where food preparation, food storage, cooking etc. will be done. **The proposed commissary kitchen must be approved by ICPH for the temporary establishment.** A commissary kitchen agreement form should be attached to the application.

ADDRESS OF COMMISSARY KITCHEN: Address of licensed food establishment where food preparation, food storage, etc. will be done.



**FRESH WATER SOURCE (IF NOT FROM COMMISSARY KITCHEN):** Address or location of an approved drinking water source if not from the commissary kitchen. **The proposed location must be approved by ICPH for the temporary establishment.**

**WASTE WATER DISPOSAL (IF NOT AT COMMISSARY KITCHEN):** Address of location of an approved waste water disposal if not from the commissary kitchen. **The proposed location must be approved by ICPH for the temporary establishment.**

**DATE & TIME OF EVENT:** List one date with time per line starting from the date of the first day of food operation at specified location (not including prep time in commissary kitchen). Maximum of 8 days per permit.

**LIST OF FOOD ITEMS:** List ALL food items being distributed/served at the temporary food establishment. Indicate if temperature food to be served (hot, cold, or room temperature). List source of the food item (where did you receive food item from), and indicate preparation process from receiving ingredients to end process. Change of menu items after permit issuance may result in immediate closure of temporary food establishment.

**APPLICANT SIGNATURE:** Signature must be the same as the Applicant named on application.

**DATE:** Date application was signed.

**EVENT SITE FACILITIES (page 2):** Information provided should be information of your event location, not your commissary kitchen.

**OVERHEAD COVERAGE:** Check the appropriate box(s) for the type of overhead coverage will be provided for all areas of food handling, food storage, assembly, cooking, etc.

**PROTECTION FROM PUBLIC:** Check the appropriate box(s) to indicate how food will be protected from the public.

**FOOD HANDLING AT EVENT:** Check the appropriate box(s) for how food will be handled at the temporary food establishment. All food preparation prior to cooking such as chopping onions, cutting raw meats, etc. must be done at the support kitchen.

**TYPE OF HANDWASHING SINK:** Indicate the type of handwashing sink that will be provided at the temporary food establishment. Gravity fed sinks are typically those consisting of a cooler with spout and bucket for wastewater. Self-contained portable sinks often have a foot pump. Soap and paper towels must be available. A hand washing sink is not required if all food is prepackaged and served prepackaged.

**EQUIPMENT USED FOR FOOD HANDLING AT EVENT:** Indicate the various types of equipment that will be used at the temporary food establishment (not at the commissary kitchen). Food contact surface must be properly cleaned and sanitized OR replaced at least every four hours.

**TEMPERATURE CONTROL AT EVENT:** Check the appropriate box(s). If using time as a control for food safety, you MUST provide written procedures with application.

**SITE PLAN:** Draw a schematic diagram of the temporary food establishment. Include location of handwashing sink, equipment, tabled set up, etc.

**OFFICE USE ONLY BOX:** DO NOT FILL OUT ANYTHING OR APPLICATION MAY BE VOIDED.