

Instructions: Application for a Permit to Operate a Temporary Food Establishment (TFE)

REQUIRED SUBMITTAL ITEMS:	COMPLETED AND SIGNED APPLICATION SUBMITTED NO LESS THAN 14 DAYS PRIOR TO DATE OF EVENT Note: New applications received less than 14 days prior to date of event will be charged a 100% penalty. Applications received less than three days prior to date of event may not be processed.		
OFFICE USE ONLY			
Permit #	Category	Fee \$	Invoice#
Delivery Permit Method:	Email Hand Delivered Postal Mail	Date: _____	
Permit by: _____	Date: _____	Approved by: _____	Date approved: _____
PERMIT VALID DATE(S): START _____		EXPIRES: _____	
APPLICANT INFORMATION			
Permit Name: <i>Name of TFE. This name will appear on the permit.</i>			
Name of Business/Organization (if different than permit name): <i>Name of business/organization that owns TFE (e.g. Food LLC, ABC Church)</i>			
Mailing Address: <i>Address where permit will be mailed</i>		Phone: <i>Business/organization phone #</i>	
Applicant Name: <i>Permit holder or designee legally responsible for the operation</i>			DOB: <i>Permit holder date of birth</i>
Phone: <i>Permit holder phone #</i>	Cell: <i>Permit holder cell phone #</i>	Email: <i>Permit holder email address</i>	
Mailing Address: <i>Mailing address for the applicant</i>			
Name of On-Site Person in Charge (PIC): (<input type="checkbox"/> Check if same as applicant) <i>Name of person in charge during the event</i>			
Phone: <i>PIC phone #</i>	Cell: <i>PIC cell #</i>	Email: <i>PIC email address</i>	
EVENT INFORMATION			
Event name(s): <i>List name(s) of event(s) the TFE will be operating during</i>		Location:	
Event address(es): <i>Provide address(es) where TFE will be operating</i>			
Date of event(s): <i>Provide date(s) the TFE will be operating</i>			
Food service start and end time (also indicate a.m. or p.m.): <i>Indicate timeframe when food will be served</i>			
Event coordinator: <i>Name of person in charge of event</i>		Phone: <i>Event coordinator phone number</i>	Email: <i>Event coordinator email address</i>
Have you previously operated a temporary food establishment in Spokane County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list event name(s) and date(s): <i>List events, with dates, that the permit holder previously operated a TFE</i>			
Do you have any other planned events in Spokane County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list event name(s) and date(s): <i>List events, with dates, that the permit holder plans to operate a TFE</i>			
FACILITY TYPE			
<input type="checkbox"/> Food booth <input type="checkbox"/> Food truck/trailer <input type="checkbox"/> Food cart <input type="checkbox"/> Permanent facility <input type="checkbox"/> Other (specify):			
FACILITY OPERATION TYPE			
<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Pre-packaged with sampling <input type="checkbox"/> Food demonstration with sampling <input type="checkbox"/> Food preparation and distribution			

FOOD PREPARATION AND MENU

Menu Submittal Requirements: Only food items listed below are approved for service.
 Any changes/additions to this menu must be pre-approved prior to the event.
 All food preparation shall be completed in TFE or in facility approved prior to the event.
No home preparation of foods is allowed. All hot food must be discarded at the end of the day.

Food item	Source	Check if commercially pre-packaged	Raw or commercially pre-cooked	Identify types of preparation at other location	Identify types of preparation at event
<i>Name of single food item, if multiple items are combined for a single menu item, list items separately. Only items listed will be approved for service.</i>	<i>Where the food item is initially purchased or procured</i>	<input type="checkbox"/> <i>Check box ONLY if product is purchased pre-packaged and sold in its original packaging</i>	<i>Indicate if the item is raw or purchased commercially pre-cooked. (e.g. pre-cooked hamburgers, hotdogs, pasta)</i>	<i>If the menu item is washed, cut, cooked, or otherwise prepared at a location that differs from event location, indicate location here. NO HOME PREPARATION OR STORAGE OF FOODS ALLOWED</i>	<i>If the menu item is washed, cut, dipped, cooked, re-heated, assembled, portioned at the event location, list all types of applicable preparation here. NO COOLING IS ALLOWED</i>
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

If additional menu items will be served, attach additional pages including the above listed preparation information.

FOOD PREPARATION AT APPROVED FACILITY

Will advance food preparation take place in a location other than the temporary food establishment? Yes No

Name of approved facility: *Name of permitted/approved facility*

Phone: *Phone # at approved facility*

Address of facility: *Address of approved facility*

Is any food preparation regulated by another agency? Yes No If yes, indicate agency: WSDA USDA Other (specify):

If the owner of the facility is different than the TFE applicant, a completed commissary agreement must be submitted.

EQUIPMENT INFORMATION	
Cold holding	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Dry ice/cooler <input type="checkbox"/> Ice/cooler <input type="checkbox"/> Other (specify): POTENTIALLY HAZARDOUS FOODS MUST BE COLD HELD AT 41°F OR BELOW
Cooking	<input type="checkbox"/> Grill <input type="checkbox"/> Stovetop <input type="checkbox"/> Deep fryer <input type="checkbox"/> Oven <input type="checkbox"/> Wok <input type="checkbox"/> Barbeque grill/smoker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Rice cooker <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Other (specify): <i>For specific cooking temperatures reference WAC 246-215-3400</i> NO UNATTENDED COOKING
Hot holding	<input type="checkbox"/> Steam table <input type="checkbox"/> Chafing dishes <input type="checkbox"/> Rice cooker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Hot case <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Oven <input type="checkbox"/> Other (specify): <i>Potentially Hazardous Foods (PHFs) must be hot held at 135°F or greater</i> NO UNATTENDED HOT HOLDING
Method of hot/cold holding during transportation	<input type="checkbox"/> Insulated food-grade container <input type="checkbox"/> Original packaging <input type="checkbox"/> Hot case <input type="checkbox"/> Refrigeration <input type="checkbox"/> Non-insulated food-grade container <input type="checkbox"/> Delivered to event by commercial vendor, indicate vendor: <input type="checkbox"/> Other (specify): <i>Food, single service items, and utensils must be protected from potential contamination during transport</i>
FOOD PROTECTION	
Method of preventing bare hand contact	<input type="checkbox"/> Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Deli Tissue <input type="checkbox"/> Other (specify): BARE HAND CONTACT WITH READY-TO -AT FOOD IS NOT ALLOWED
Method of food protection during operation:	<input type="checkbox"/> Sneeze guards <input type="checkbox"/> Continuous active monitoring by food worker <input type="checkbox"/> Only pre-packaged food or bottled drink <input type="checkbox"/> Other (specify): <i>Food, single-service items and utensils must be protected from potential contamination during preparation and service</i>
Storage of utensils between uses	<input type="checkbox"/> In ice water below 41°F <input type="checkbox"/> In hot water above 135°F <input type="checkbox"/> Dipper well <input type="checkbox"/> Utensils replaced no less than every 4 hours <input type="checkbox"/> Washed/rinsed/sanitized no less than every 4 hours (must be stored on clean food-grade surface, required for ice scoops) <input type="checkbox"/> Stored in food (handles above top of food, scoops may not be stored in ice used for beverage service) <input type="checkbox"/> Disposable <input type="checkbox"/> Other (specify):
WATER SOURCE AND DISPOSAL	
Water Source	<input type="checkbox"/> Public <input type="checkbox"/> Commercially-bottled <input type="checkbox"/> Other (specify): HOSES USED TO CONVEY POTABLE WATER MUST BE FOOD-GRADE AND STORED TO PREVENT CONTAMINATION
Water Disposal information	<input type="checkbox"/> Mop Sink <input type="checkbox"/> Direct connection to public sewer <input type="checkbox"/> On-site waste disposal provided by event <input type="checkbox"/> Holding Tank (specify method of disposal): DO NOT DISCHARGE WASTEWATER INTO STORM DRAINS, TOILETS, URINALS OR ON THE GROUND
SINK REQUIREMENTS	
Warewashing	If the establishment operates for two or more consecutive days or if utensils are re-used on site, a plumbed, three-compartment sink is required within 200 feet. A commissary location may be used for warewashing. DISH TUBS ARE NOT ACCEPTABLE. Identify location of three-compartment sink: <input type="checkbox"/> n/a
Food Preparation <i>(For wash, soak, rinse, drain, thaw of food items)</i>	<input type="checkbox"/> Produce is purchased commercially pre-washed (invoices must be available for review by the regulatory authority) <input type="checkbox"/> Designated food preparation sink is provided by the event (must be indirectly drained) <input type="checkbox"/> Designated food preparation sink is provided by applicant (must be indirectly drained) <input type="checkbox"/> Food prepared at approved kitchen (commissary agreement required if owner of facility is different than applicant)
Handwashing	<input type="checkbox"/> No less than 5 gallon insulated container with free-flowing spigot and no less than 5 gallon catch bucket for waste water <input type="checkbox"/> Plumbed handwashing provided in establishment accessible to food workers AN ADDITIONAL HANDWASHING SETUP MAY BE REQUIRED FOR ESTABLISHMENTS PREPARING RAW ANIMAL PRODUCTS OR LARGE/COMPLEX OPERATIONS WARM POTABLE WATER, SOAP, PAPER TOWELS AND HANDWASHING REMINDER SIGN REQUIRED

ESTABLISHMENT CONSTRUCTION

Floor Material: *Example: tiling, sealed concrete, asphalt, tarping, etc. Ground covering is required if the establishment is set up on grass, gravel, dirt, or similar terrain.*

Ceiling Material: *Example: tent, tarp, sealed drywall, drop ceiling with cleanable tiles. If more than one tent is used, tenting must be clipped or otherwise connected to ensure that entrance of rainwater or environmental contamination is prevented.*

Wall Material: *Example: tent, tarp, sealed drywall.*

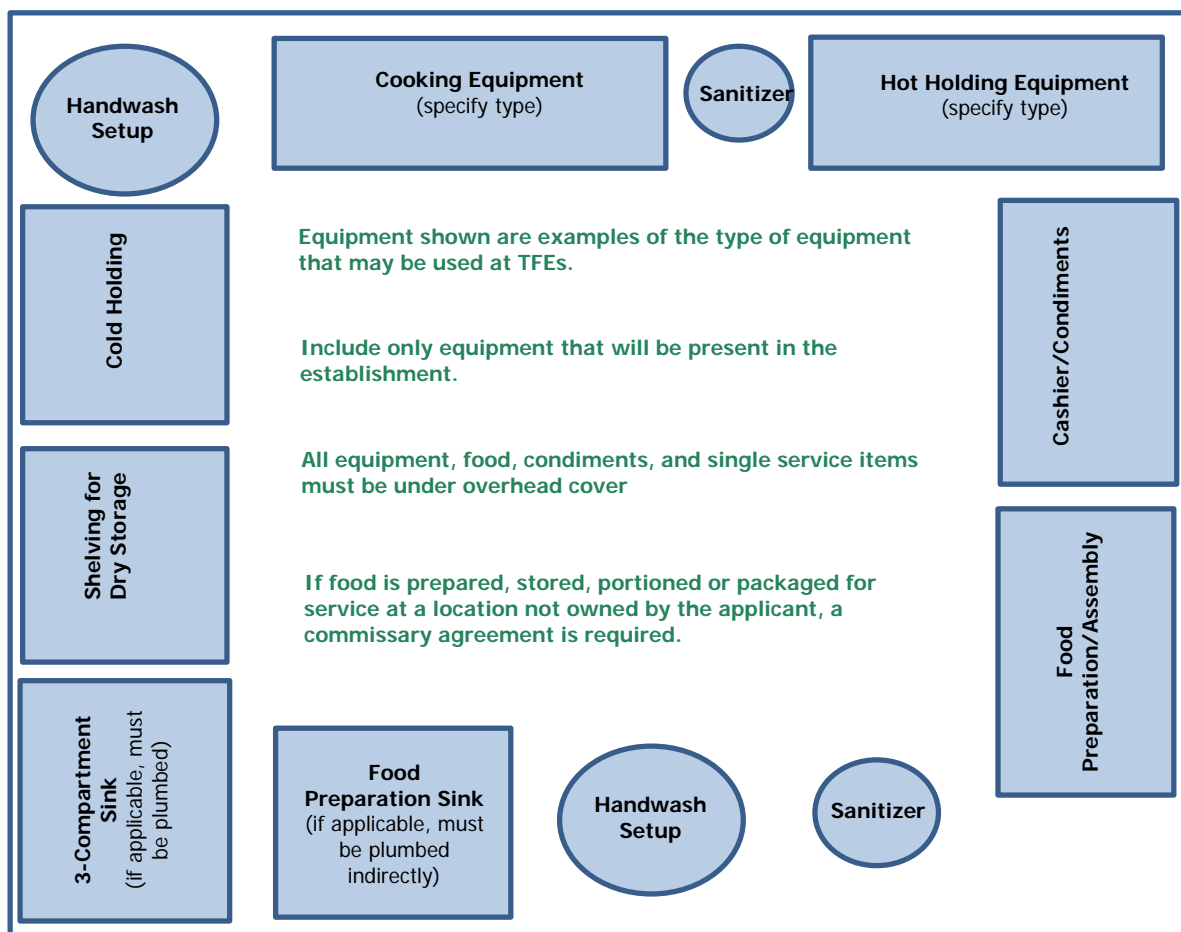
Food Preparation Surfaces/Storage Material: *Example: stainless steel, sealed wood, laminate. Include materials that are used for food storage.*

ALL SURFACES MUST BE SMOOTH, DURABLE, NON-ABSORBANT, AND EASILY CLEANABLE

TEMPORARY FOOD ESTABLISHMENT LAYOUT

PROVIDE A TOP VIEW SKETCH OF ESTABLISHMENT

ALL EQUIPMENT, WORK AREAS, STORAGE AREAS, SINKS, FOOD PROTECTION EQUIPMENT AND SANITIZER LOCATION MUST BE INCLUDED



ALL ACTIVITIES AND FOOD STORAGE AT THE EVENT MUST TAKE PLACE IN THE TEMPORARY FOOD ESTABLISHMENT AND UNDER OVERHEAD COVER

ADDITIONAL REQUIREMENTS

The permit holder agrees to ensure the following:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. No bare hand contact with ready-to-eat foods.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Sanitizer and appropriate test strips must be provided. Indicate type of sanitizer used: <input type="checkbox"/> Bleach <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Accurate digital thermometer with a suitable diameter probe designed to measure the temperature of thin foods or a dial stem thermometer must be provided; indicate type: <input type="checkbox"/> Dial stem <input type="checkbox"/> Digital
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Employee restrooms with handwashing must be provided within 200 feet.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Ill food workers must be excluded. <i>Examples; diarrhea, vomiting, jaundice, sore throat with fever, or diagnosed food-borne illness</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Garbage with lid must be provided.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. Lighting in food preparation and storage area must be shielded or shatter-resistant.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8. Adequate power supply must be provided for electrical equipment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Food and single service items must be stored no less than 6" off the ground and AWAY FROM CHEMICALS.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10. Adequate set-back for grills and other cooking equipment is required to prevent contamination and to protect the public.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. A designated person in charge must be present at all times during operation and food service and person in charge must have current Washington State Food Worker Card available for review by health authority.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Permit must be posted.

INTERVIEW

Prior to permitting, the PIC will be required to complete an interview with a food safety inspector. During the interview, the PIC must be able to answer detailed questions about food sources, food preparation steps, food service steps, establishment set up and equipment, and temporary hand wash set ups.

SUBMITTAL INSTRUCTIONS

Applications may be submitted to Spokane Regional Health District:
 BY MAIL OR IN PERSON: 1101 W College Ave, Room 402, Spokane, WA 99201-2095
 BY FAX: 509-324-3603
 BY EMAIL: To submit via email, contact 509-324-1560 ext. 2 for email address

SIGNATURES

By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with WAC 246-215, and will allow Spokane Regional Health District (SRHD) access to the establishment and its records as specified in WAC 246-215.
 You agree to notify SRHD in advance of changes in menu, equipment, operation, or ownership.

Incomplete applications will not be processed.

Signature of applicant:	Date:
Printed name:	Phone:

OFFICE USE ONLY

Reg# _____ Date _____ Check# _____ Amount\$ _____ Paid by _____

Permit by _____ Date _____ Approved by _____ Date approved _____