



EH Permit ID: _____	6
Fee: _____ Receipt #: _____	
Received by: _____ Date: _____	

APPLICATION for SEASONAL TEMPORARY FOOD ESTABLISHMENT

(food does NOT meet Limited Low Risk guidelines)

A Temporary Food Establishment found operating without a permit will be charged double the usual permit fee

PERMIT FEES – FEES ARE NOT REFUNDABLE All 4 pages must be completed.

Single Seasonal Market or Event \$210.00

Seasonal Market or Event must be approved by Public Health, established at a single location no more than 3 days per week.

Late fee \$50.00: Event within 14 days

Event begins within 24 hours

I will pay by cash check credit card (person and phone number for credit card payment) _____

Market/Event Name	Location/Address	Dates of Event	Serving Time (e.g. 10-2)

Vendor/ Business name: _____ **Legal Owner:** _____

Person in charge (PIC) on site (must have food worker card): _____

Applicant name (must be owner or officer of owner): _____

(Your phone number or email will not be distributed for commercial purposes)

E-mail: _____

Mailing address : _____

City/State/Zip: _____

Applicant phone#: _____ PIC phone#: _____ Alternate phone #: _____

Will food be prepared at a location other than where served (referred to as a commissary)?

No Yes Must be licensed food establishment

If Yes, complete and submit Commissary Agreement form unless you are the Permit Holder for the commissary location. Form can be found at www.skagitcounty.net/food .

Use of a commissary located outside of Skagit County will only be approved if you are the Permit Holder for the Commissary. To receive approval for out of county commissary provide copy of current food establishment permit and most recent inspection. (approval may be delayed without this information)

Name of Commissary: _____ Street Address: _____

City/State/Zip: _____ Is Commissary a Licensed Food Establishment? : No Yes

Date(s) and Time of Preparation: _____ (Example: 1/1/10 at 8-10 am)

Is this a mobile food vehicle (does it require a vehicle license)? NO YES

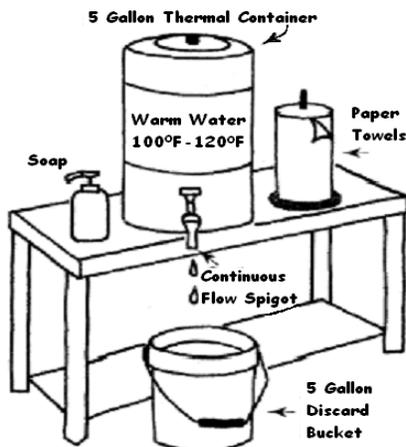
IF YES – Vehicle License # _____ Attach photo of Washington State L&I Permit

Hand wash station – Requires warm flowing water, liquid soap, paper towels and waste water collection.

Must be present in booth

Restroom handwashing sinks cannot replace your handwashing station.

Temporary Hand Washing Station



The temporary handwashing station shall consist of at least a 5-gallon insulated container with spigot that provides a continuous flow of warm (100°F-120°F) running water, soap, paper towels and a 5-gallon bucket to collect the dirty water.

Is produce purchased commercially pre-washed? NO YES NA (not serving produce)

If No, describe where and how produce will be washed:

Cold holding equipment and methods: _____

Cooking equipment (i.e. grill, stove, BBQ): _____

*If cooking, have you been inspected or approved by the Fire Marshal? NO YES

If no, please contact the jurisdictional fire marshal for the event location.

Hot-holding equipment (i.e. steam table, oven): _____

How and where will you wash, rinse, sanitize dishes, utensils, equipment? _____

Water source for washing/drinking: PUD Anacortes Other Group A system: _____

Group B water system name: _____

Wastewater disposal location: _____ Restroom location: _____

DESCRIBE Booth or Building Construction:

Must have walls, floor and overhead protection

Bare hand contact with ready to eat foods will be eliminated by:

gloves, utensils, tongs, deli paper, Other barriers: _____

APPLICANT AGREEMENT

I hereby consent to inspection by the Skagit County Public Health and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local temporary food service requirements. I have read and understand the requirements for safe food service.

Signature: _____ Date: _____

FOR HEALTH DEPT. USE ONLY

Application approved: _____ Date: _____