

Skagit County Public Health Environmental Health Food & Living Environment Temporary Food Establishment –

Multiple Event/Market Application

2 – Multiple Event/Market							
Office Use Only							
st. ID:	INV#:						
RCVD Date:	By:	\$					
EH	Use Only						
ppr. Date: EHS:							

Event: up to 21 consecutive days in a single location.

Market: A reoccurring approved event operating up to 3 days per week

Complete one application per permit – do not combine permit applications on one form. You may not operate in more than one location at a time under a single permit.

Incomplete applications will not be accepted. Fees are not refundable.

	Select one permit type per application. Select one permit type per application.	ee cover sh	eet for list of low-risk menu items.					
	Multiple Event – Standard Menu	\$375	Multiple Market – Standard Menu	\$375				
es			Multiple Market – Low-risk Menu	\$235				
Fe	ate fees may be assessed on all applications received 10 or fewer business days before the event start.							
	10- 6 business days before event	\$50	\Box 5 or fewer business days before event	\$100				
			Total:	\$				

Ļ	□ Cash	Check	Money Order	Card
Pm	Cardholder Name & Phone			

on	Booth Name Applicant Name				UBI
rmati	Applicant Name				
nfor	Mailing Address				
antl	City, State, Zip				
pplic	Phone			Email	
Ā	Туре	\Box Association	□Partnership	🗆 Individual	□ Corporation □ Other

	All temporary event applicants must complete an interview with a food safety inspector. You must be							
Ň	prepared to discuss your menu, sources, preparation steps, equipment set up, and handwashing set up.							
ervi	PIC Name & Phone							
Preferred call time Monday Tuesday Wednesday Thursday Frida								
		□am □pm						

Provide information about each event/market location at end of application:

- Seasonal Markets: Page 5
- Multiple Events: Pages 6 & 7

Applications may not be updated to add new menu items, events, or market locations after approval. You may not switch service locations after approval. Additional events or markets will require a new application.

NOTE: You must have a plumbed handwashing station with a hot water heater and water under pressure. See Page 3 for a diagram. Restroom handwashing sinks **cannot** replace your handwashing station.

700 South 2nd Street, #301, Mount Vernon, WA 98273 |Phone 360-416-1500 | Fax 360-416-1501

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A/	All food must be made on-site at t	he event or at a permitted food establishment (commissary). If using a								
 commissary, complete this section AND attach a completed commissary agreement. If your commissary outside Skagit County, attach a copy of the establishment's health permit and most recent inspection. 										
	^J outside Skagit County, attach a copy of the establishment's health permit and most recent inspection .									
ar	Commissary Name									
miss	Commissary Address									
Com	Date(s) & time commissary used:									

	🗌 Mobile food unit	Vehicle Plate #:		
L	Attach copy L&I tag			
Design	🗌 Outdoor booth	Roof/ceiling:		
		Walls:		
Booth		Floor:		
	🗌 Indoor event	Existing kitcher	า	Temporary booth

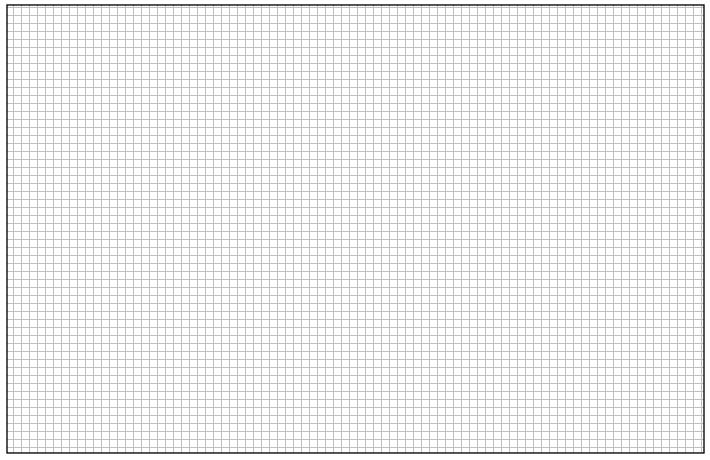
	Cold-holding equipment	Refrigerator/f	reeze	er 🗆 Ic	e, source:			
t		Other, list all						
pmen	Hot-holding equipment, list all							
Equi	Cooking equipment, list all							
	Thermometers	Digital Stem	🗆 Di	al stem	Thermocouple	🗆 Infr	ared	□ Hanging
	Sanitizer with test strips	🗆 Chlorine (blea	ch) [] Quat	ernary ammonium	(quat)	🗆 Ot	her:

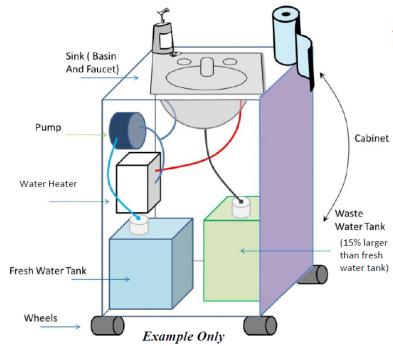
	Water source	🗆 PUD	🗆 Ana	cortes	🗆 Ot	ther wa	ter sy	ystem, Name/P	WSID:	
a	Handwashing	🗆 Permane	Permanently plumbed					Portable handwashing sink		
aste		handwa				with heater &	pump			
Ň	Dishwashing	🗆 Commis	10 🗆	n-site pl	umb	ed 3-	Temporary event 3-			
r &		compartme			comp	ompartment sink bucket wash station				
Wate	Wastewater disposal	🗆 City sev	ver	🗆 Septi	c syst	tem	RV dump station, Name:			
>	Toilets	🗆 Flush To	ilets	🗆 Porta	ble to	oilets	🗆 Ha	andwashing sinl	k available at toilets	
	Trash/recycling	🗆 Manage	ed by ve	enue		Self-ha	If-hauled, disposal site:			

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Floor Plan

Draw the floor plan of your temporary food establishment. Include the location of all cooking, cold holding, and hot holding equipment. Label your prep stations, handwashing station, trash cans, and any dishwashing or other preparation locations. You may also submit a drawing on another sheet.





A plumbed handwashing sink must include:

- Fresh water tank with at least fivegallon capacity
- Wastewater tank at least 15% larger than the fresh water tank gallon capacity
- Hot water tank to mechanically heat the water between 100-120F
- Pump to pressurize the hot and cold water
- All components are mounted in a cabinet or cart on wheels; and
- Soap and single use towels

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Menu & Methods of Food Preparation

- Write each food you will serve in the "Food" column.
- Write the store, warehouse, or restaurant where the food is purchased or donated in the "Source" column.
- Mark where each food preparation step occurs in the remaining spaces. Use additional pages if needed.

Food	Source of food (where is food purchased or obtained)	Thaw	Wash Produce	Cut/chop	Assemble	Cook from raw	Cool after cooking	Keep cold	Reheat	Transport cold	Transport hot
Example: Pre-made potato salad	Costco							Ε		Т	
Example: Pulled pork	Cash and Carry	С				С	С	С	Ε	Т	

F =	Event;	C =	Comm	issary:	т =	Transi	oort
	LVCIIC,	<u> </u>	COIIIIII	issury,		1 and	5011.

	All Permits	Off-site preparation	Mobile Units
ed	🗆 Floor plan	Commissary Agreement	□ Current vehicle registration
quire	Employee Illness Policy	□ Health Permit (if outside Skagit)	Copy of L & I tag
Req	🗆 Vomit & Diarrhea Cleanup Plan	□ Inspection (if outside Skagit)	
	□ Cooling plan (if cooling)	U WSDA license (if applicable)	

By signing this application, I attest that this application is complete and accurate. I agree to comply with the requirements of WAC 246-215 and SCC 12.36 and will permit the health officer or their agent to access the food establishment and review records and other information as required. I understand that permits are not transferrable between people or establishments and that all changes in operations must be approved in advance.

Signature	Date	
Print Name	Title	

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Seasonal Markets Maximum 3 market locations per permit application. Maximum 3 days per week at each market. List all Markets. You cannot add markets to this application after approval.									
Market 1									
Market Name				Coord. Name					
Coord. Phone	e			Coord. Emai	I				
Service Start date	Service Start date			Service End	Date				
Venue Supplies	S 🗆 Water 🗆 Electricity		Electricity	□ 3-compartment sink		Produce washing sink			
	Monday	Tuesday	Wednesday	Thursday	Fi	riday	Saturday	Sunday	
Open Time									
Close Time									
	Market 2								
Market Name	ame			Coord. Nam	e				
Coord. Phone	hone			Coord. Email					
Service Start date			Service End Date						
Venue Supplies	Water Electricity		Electricity	□ 3-compartment sink □ Produce washing sink					
	Monday	Tuesday	Wednesday	Thursday	Fi	riday	Saturday	Sunday	
Open Time									
Close Time									
Market 3									
Market Name	t Name			Coord. Nam	e				
Coord. Phone	oord. Phone			Coord. Emai	I				
Service Start date			Service End Date						
Venue Supplies	enue Supplies 🗆 Water 🗆 Electricity		□ 3-compartment sink □ Produce washing sink						
	Monday	Tuesday	Wednesday	Thursday	Fi	riday	Saturday	Sunday	
Open Time									
Close Time									

5 of 7

Multiple Events Maximum 10 event locations per permit application AND maximum 21 days per event. List all events. You cannot add events to this application after approval. Multiple Event/Standard Menu permit-holders must have a portable handwashing station with water						
heater and pump						
			Event 1			
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date			Service End Date			
Service Start Time			Service End Time			
Venue Supplies	Water	Electricity	□ 3-compartme	ent sink 🛛 Produce washing sink		
			Event 2			
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date			Service End Date			
Service Start Time			Service End Time			
Venue Supplies	upplies 🗆 Water 🔅 Electricity 🖾 3-compartment sink 🖾 Produce washing sink					
			Event 3			
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date	Service Start date		Service End Date			
Service Start Time			Service End Time			
Venue Supplies	Water	Electricity	□ 3-compartme	ent sink 🛛 Produce washing sink		
Event 4						
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date			Service End Date			
Service Start Time	ervice Start Time		Service End Time			
Venue Supplies	Water	Electricity	3-compartme	ent sink Produce washing sink		
Event Name			Event 5 Location			
Coord. Name			Coord. Phone			
Service Start date			Service End Date			
Service Start Time		r	Service End Time			
Venue Supplies Water Electricity 3-compartment sink Produce washing sink						

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Multiple Events, Continued List all events. You cannot add additional events after approval.						
Event 6						
Event Name	me		Location			
Coord. Name		Coord. Phone				
Service Start date		Service End Date				
Service Start Time	Service Start Time		Service End Time			
Venue Supplies	Water Electricity		□ 3-compartme	ent sink 🔲 Produce washing sink		
			Event 7			
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date			Service End Date			
Service Start Time		Service End Time				
Venue Supplies	🗆 Water	Electricity	3-compartme	ent sink 🛛 Produce washing sink		
	Event 8					
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date			Service End Date			
Service Start Time		Service End Time				
Venue Supplies 🗌 Water 🗌 Electricity		□ 3-compartment sink □ Produce washing sink				
Event 9						
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date			Service End Date			
Service Start Time		Service End Time				
Venue Supplies	🗆 Water	Electricity	3-compartme	ent sink		
Event 10						
Event Name			Location			
Coord. Name			Coord. Phone			
Service Start date Service End		Service End Date				
Service Start Time	ervice Start Time Service End Time					
Venue Supplies	Water	Electricity	3-compartme	ent sink 🔲 Produce washing sink		