



Skagit County Public Health

Environmental Health
Food & Living Environment

Temporary Food Establishment – Multiple Event/Market Application

2 – Multiple Event/Market

Office Use Only

Est. ID: _____ INV#: _____

RCVD Date: _____ By: _____ \$ _____

EH Use Only

Appr. 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.

Fees	Select one permit type per application. See cover sheet for list of low-risk menu items.			
	<input type="checkbox"/> Multiple Event – Standard Menu	\$375	<input type="checkbox"/> Multiple Market – Standard Menu	\$375
	<input type="checkbox"/> Multiple Event – Low-risk Menu	\$235	<input type="checkbox"/> Multiple Market – Low-risk Menu	\$235
	Late fees may be assessed on all applications received 10 or fewer business days before the event start.			
	<input type="checkbox"/> 10- 6 business days before event	\$50	<input type="checkbox"/> 5 or fewer business days before event	\$100
			Total:	\$

Pmt	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Card
	Cardholder Name & Phone _____			

Applicant Information	Booth Name				UBI	
	Applicant Name					
	Mailing Address					
	City, State, Zip					
	Phone			Email		
	Type	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other

Interview	All temporary event applicants must complete an interview with a food safety inspector. You must be prepared to discuss your menu, sources, preparation steps, equipment set up, and handwashing set up.					
	PIC Name & Phone					
	Preferred call time	Monday	Tuesday	Wednesday	Thursday	Friday
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 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.

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Commissary	<input type="checkbox"/> N/A All food must be made on-site at the event or at a permitted food establishment (commissary). If using a commissary, complete this section AND attach a completed commissary agreement . If your commissary is outside Skagit County, attach a copy of the establishment’s health permit and most recent inspection .	
	Commissary Name	
	Commissary Address	
	Date(s) & time commissary used:	

Booth Design	<input type="checkbox"/> Mobile food unit Attach copy L&I tag	Vehicle Plate #:	
	<input type="checkbox"/> Outdoor booth	Roof/ceiling:	
		Walls:	
		Floor:	
	<input type="checkbox"/> Indoor event	<input type="checkbox"/> Existing kitchen	<input type="checkbox"/> Temporary booth

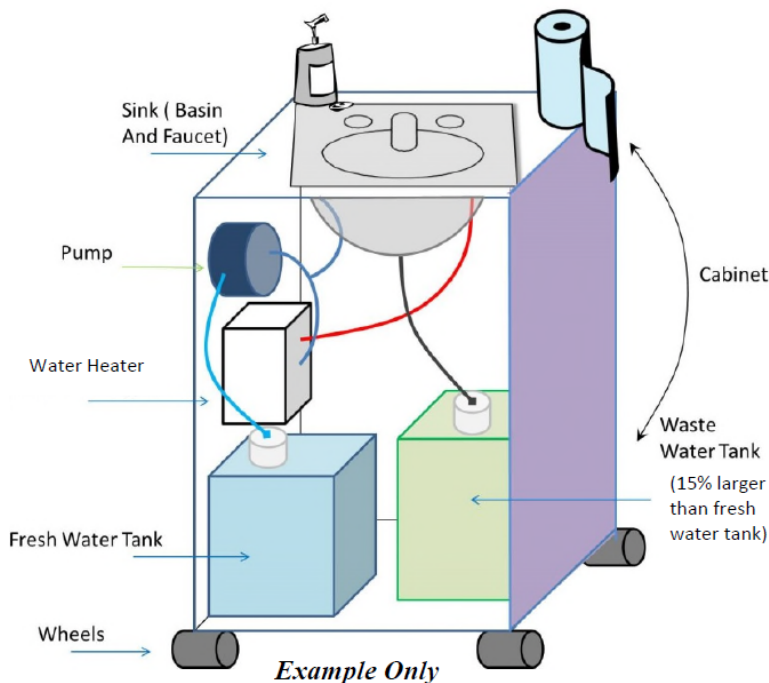
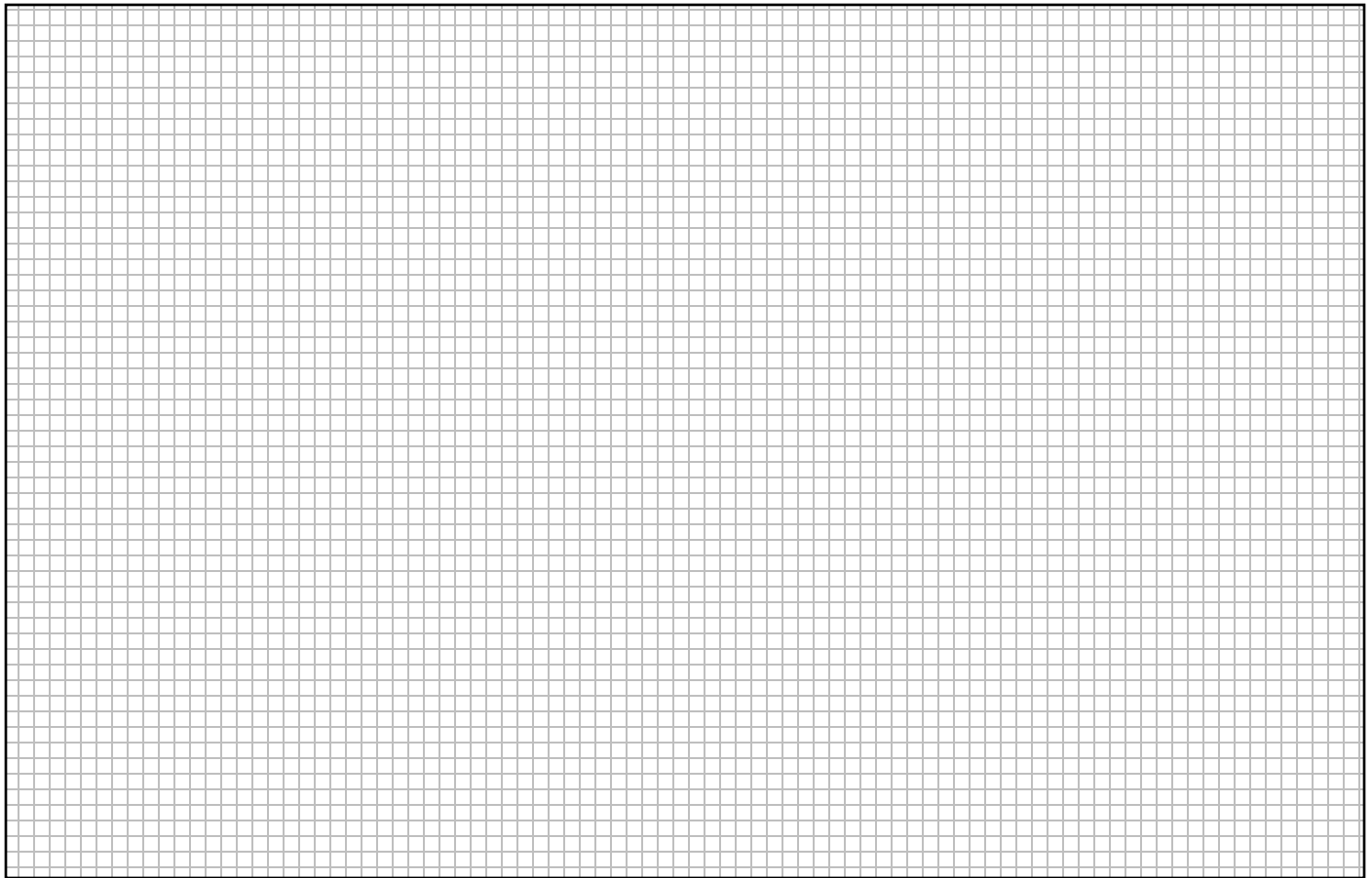
Equipment	Cold-holding equipment	<input type="checkbox"/> Refrigerator/freezer	<input type="checkbox"/> Ice, source: _____			
		<input type="checkbox"/> Other, list all				
	Hot-holding equipment, list all					
	Cooking equipment, list all					
	Thermometers	<input type="checkbox"/> Digital Stem	<input type="checkbox"/> Dial stem	<input type="checkbox"/> Thermocouple	<input type="checkbox"/> Infrared	<input type="checkbox"/> Hanging
	Sanitizer with test strips	<input type="checkbox"/> Chlorine (bleach)	<input type="checkbox"/> Quaternary ammonium (quat)	<input type="checkbox"/> Other: _____		

Water & Waste	Water source	<input type="checkbox"/> PUD	<input type="checkbox"/> Anacortes	<input type="checkbox"/> Other water system, Name/PWSID: _____
	Handwashing	<input type="checkbox"/> Permanently plumbed handwashing sink		<input type="checkbox"/> Portable handwashing sink with heater & pump
	Dishwashing	<input type="checkbox"/> Commissary 3-compartment sink	<input type="checkbox"/> On-site plumbed 3-compartment sink	<input type="checkbox"/> Temporary event 3-bucket wash station
	Wastewater disposal	<input type="checkbox"/> City sewer	<input type="checkbox"/> Septic system	<input type="checkbox"/> RV dump station, Name: _____
	Toilets	<input type="checkbox"/> Flush Toilets	<input type="checkbox"/> Portable toilets	<input type="checkbox"/> Handwashing sink available at toilets
	Trash/recycling	<input type="checkbox"/> Managed by venue	<input type="checkbox"/> Self-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 five-gallon 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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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				Coord. Email			
Service Start date				Service End Date			
Venue Supplies	<input type="checkbox"/> Water		<input type="checkbox"/> Electricity		<input type="checkbox"/> 3-compartment sink		<input type="checkbox"/> Produce washing sink
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open Time							
Close Time							

Market 2

Market Name				Coord. Name			
Coord. Phone				Coord. Email			
Service Start date				Service End Date			
Venue Supplies	<input type="checkbox"/> Water		<input type="checkbox"/> Electricity		<input type="checkbox"/> 3-compartment sink		<input type="checkbox"/> Produce washing sink
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open Time							
Close Time							

Market 3

Market Name				Coord. Name			
Coord. Phone				Coord. Email			
Service Start date				Service End Date			
Venue Supplies	<input type="checkbox"/> Water		<input type="checkbox"/> Electricity		<input type="checkbox"/> 3-compartment sink		<input type="checkbox"/> Produce washing sink
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open Time							
Close Time							

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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	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> 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	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Produce washing sink

Event 3

Event Name		Location	
Coord. Name		Coord. Phone	
Service Start date		Service End Date	
Service Start Time		Service End Time	
Venue Supplies	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Produce washing sink

Event 4

Event Name		Location	
Coord. Name		Coord. Phone	
Service Start date		Service End Date	
Service Start Time		Service End Time	
Venue Supplies	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Produce washing sink

Event 5

Event Name		Location	
Coord. Name		Coord. Phone	
Service Start date		Service End Date	
Service Start Time		Service End Time	
Venue Supplies	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Produce washing sink

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Multiple Events, Continued

List all events. You cannot add additional events after approval.

Event 6

Event Name		Location	
Coord. Name		Coord. Phone	
Service Start date		Service End Date	
Service Start Time		Service End Time	
Venue Supplies	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> 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	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> 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	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> 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	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Produce washing sink

Event 10

Event Name		Location	
Coord. Name		Coord. Phone	
Service Start date		Service End Date	
Service Start Time		Service End Time	
Venue Supplies	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Produce washing sink