



Skagit County Public Health

Environmental Health
Food & Living Environment

Temporary Food Establishment – Single Event/Market Application

1 – Single Event/Market

Office Use Only

Est. ID: _____ INV#: _____

RCVD Date: _____ By: _____ \$ _____

EH Use Only

Appr. Date: _____ EHS: _____

Single Event: up to 21 consecutive days in a single location. **Single Market:** A reoccurring approved event operating up to 3 days per week. **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"/> Single Event – Standard Menu	\$ 155	<input type="checkbox"/> Single Market – Standard Menu	\$255
	<input type="checkbox"/> Single Event – Low-risk Menu	\$70	<input type="checkbox"/> Single Market – Low-risk Menu	\$175
	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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM

Event Information	Event/Market Name							
	Event/Market Location							
	Coordinator Name				Coord. Phone			
	Coordinator Email							
	Service Start Date				Service End Date			
	Service Start Time				Service End Time			
	Check the day(s) you are serving food	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>

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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

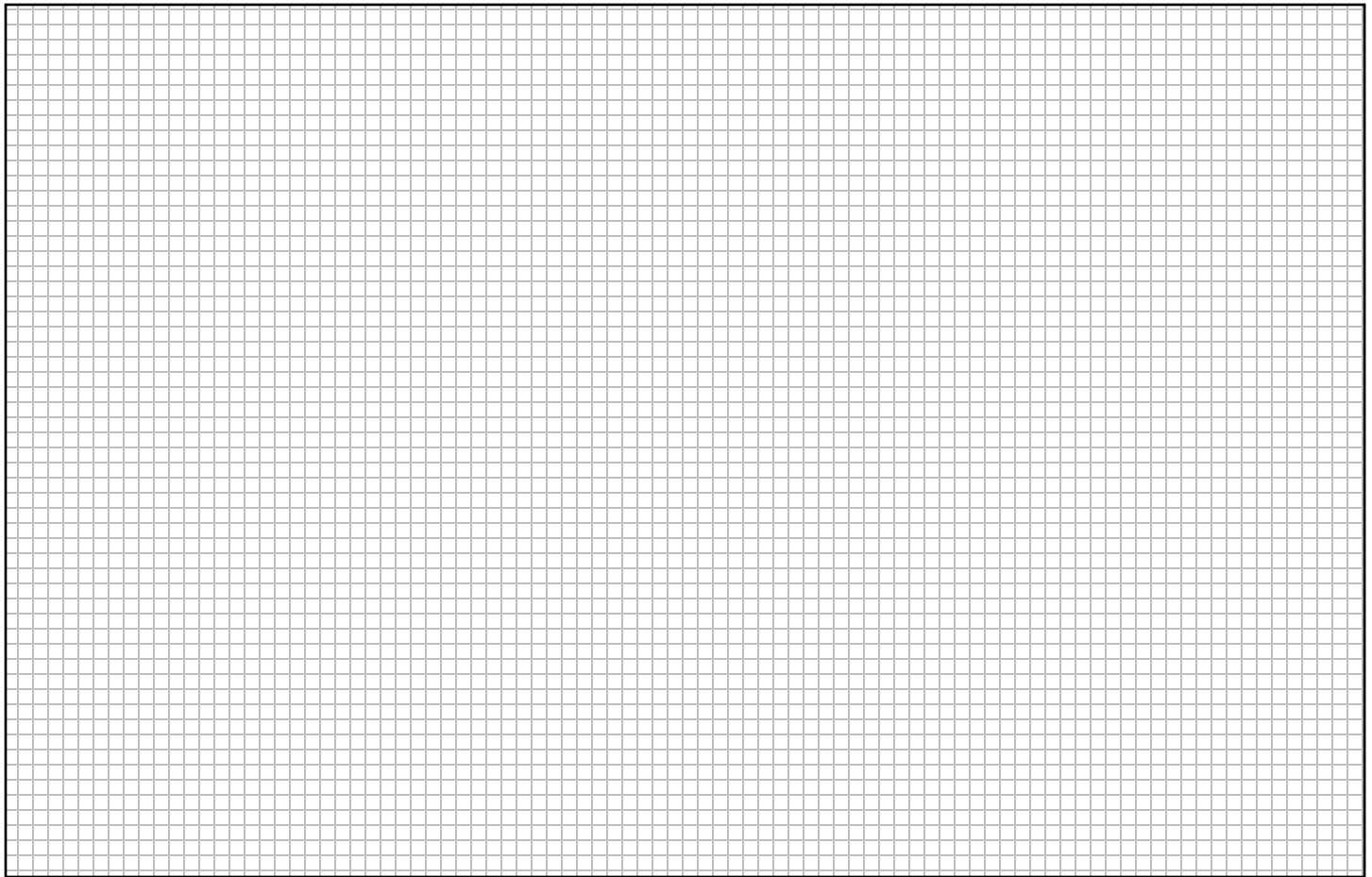
Equipment	Cold-holding equipment	<input type="checkbox"/> Refrigerator/freezer	<input type="checkbox"/> Ice, source: _____			
		<input type="checkbox"/> Other, list all				
	Hot-holding equipment, list all					
	Cooking equipment, list all					
	Thermometers	<input type="checkbox"/> Digital Stem	<input 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	<input type="checkbox"/> Temporary event sink (see page 3)
	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: _____	

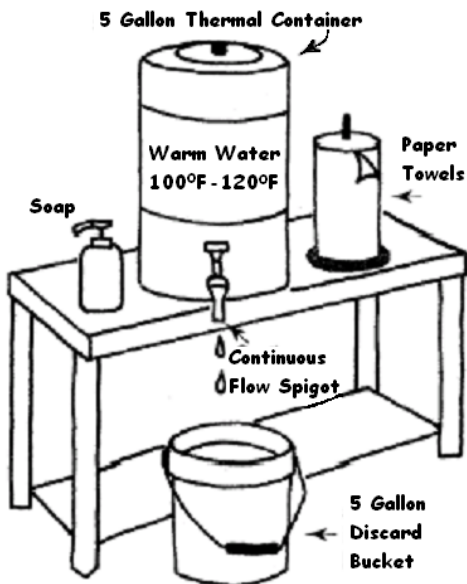
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Floor Plan

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.



Example handwashing station:



Example Floor Plan:

