



Island County Public Health
 Environmental Health – Food Safety Program
 PO Box 5000 Coupeville, WA 98239-5000
 (360) 678-8276 • Fax: (360) 679-7390
 E-mail: foodsafety@islandcountywa.gov

Temporary Food Establishment Application Process

INSTRUCTIONS

This application is required for a Temporary Food Establishment Permit. Temporary Food Establishment means a food establishment operating at a fixed location, with a fixed menu, for not more than twenty-one consecutive days in conjunction with a single event or celebration, such as a fair or festival. Application must be submitted at least 14 days prior to the first scheduled event date.

- PAGE 2** Required to be completed by all applicants.
- PAGE 3** Section 1 - Required to be completed by all applicants.
 Section 2 - Required to be completed by all applicants. Sections that do not apply may be left blank.
 Section 3 - Required to be completed by any applicant that will be preparing open foods and/or will be sampling open foods. Sections that do not apply may be left blank.
- PAGE 4** Required to be completed by all applicants.

PERMIT TYPE

Check all applicable boxes below to determine which type of temporary food permit you need:

1. My menu is limited to one or more of the following foods: Popcorn/kettle corn, cotton candy, machine-crushed iced drinks, corn on the cob, whole roasted peppers, roasted nuts and candy-coated nuts, chocolate-dipped ice cream bars, chocolate-dipped bananas, Dried herbs and spices

If you checked the box above, please stop and complete an Exemption Application.

2. I will be handling, preparing, cooking, or serving raw animal products (Poultry, Meats, Fish, Seafood, etc.).
3. I will be cooking or heating foods at a commissary kitchen and cooling them prior to transporting to an event.

If you checked one boxes 2 or 3 you would need to obtain a High-Risk permit. If you did not check any boxes, you would need to obtain a Low-Risk permit. Check the box in the table below for the type of permit you are requesting.

# of Days		Low-Risk		High-Risk
1	<input type="checkbox"/>	\$43.00	<input type="checkbox"/>	\$79.00
2	<input type="checkbox"/>	\$77.00	<input type="checkbox"/>	\$110.00
3	<input type="checkbox"/>	\$172.00	<input type="checkbox"/>	\$215.00
4-8	<input type="checkbox"/>	\$223.00	<input type="checkbox"/>	\$257.00
Sampling	<input type="checkbox"/>	\$29.00	<input type="checkbox"/>	\$29.00
Please make check payable to Island County Public Health.				

APPLICATION ACCEPTANCE

The Temporary Food Establishment Application must be completed in full and submitted with fee and the items listed for processing. A complete application with the correct fee and temporary food establishment checklist must be **received** (postmark is insufficient) 14 days before the event to avoid a non-refundable late fee of \$29.00. Incomplete or inaccurate applications will not be processed until complete. All applications require an original signature. Please print legibly in blue or black ink as applicable. Faxed applications will not be accepted.



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Temporary Food Establishment Permit Application

APPLICANT INFORMATION			
Food Establishment Name:		UBI#	
Applicant Name (Permit Holder):		Phone:	
Business Mailing Address:		E-Mail Address:	
City:	State:	Zip Code:	
EVENT INFORMATION			
Event Name:			
Event Location Name:			
Event Location Address:			
City:	State:	Zip Code:	
Date and Times of Operation:			
Event Coordinator Name:		Title:	
Phone:		E-Mail Address:	
BOOTH INFORMATION			
Booth Name:	Food Prep Hours:	Start:	End:
Time Ready for Inspection (prior to service):	Food Service Hours:	Start:	End:
Person in Charge:		Phone:	

CONTINUE COMPLETION OF APPLICATION ON PAGE 3



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Section 1 – Menu, Source, and Equipment

Food Item	Source	Transport Equipment (Cold – 41°F, Hot – 135°F)	Cold Holding Equipment (Cold – 41°F)	Hot Holding Equipment (Cold – 135°F)

Additional documents may be attached.

Section 2 – Food Protection

Overhead Coverage at Event:	Pop Up Tent	<input type="checkbox"/>	Existing Building	<input type="checkbox"/>	Other:
	Sneeze Guards	<input type="checkbox"/>	Distance (6 ft)	<input type="checkbox"/>	Equipment Covers <input type="checkbox"/>
Consumer Food Protection:	Pre-Packaged Foods Only	<input type="checkbox"/>	Mobile Unit	<input type="checkbox"/>	Other:

Section 3 – Food Handling Information

Type of hand wash station:	Portable Sink	<input type="checkbox"/>	Gravity Fed	<input type="checkbox"/>	Other:
Food Preparation Activities:	Cooking, Frying, Grilling	<input type="checkbox"/>	Hot Holding	<input type="checkbox"/>	Cold Holding <input type="checkbox"/>
	Produce Washing	<input type="checkbox"/>	Assembly	<input type="checkbox"/>	Cutting, Dicing, Slicing <input type="checkbox"/>
	Beverage Preparation	<input type="checkbox"/>	Sampling	<input type="checkbox"/>	Other:
Dish Washing/Utensils:	3 Compartment Sink	<input type="checkbox"/>	Extra Utensils	<input type="checkbox"/>	Other:
Sanitizer Type	Bleach (Chlorine)	<input type="checkbox"/>	QUAT	<input type="checkbox"/>	Other:
Any off-site food preparation:	Yes <input type="checkbox"/>	If Yes, Enter Commissary Information Below			No <input type="checkbox"/>

Section 3 – Commissary Information

Name of Permitted Kitchen:	Permit #
Site Address of Kitchen:	Date(s) Used: Hours Used:
Permit Holder Name:	Phone: E-Mail:

What preparation steps will be done at the commissary kitchen listed above? (Check all boxes that apply.)

Produce Washing <input type="checkbox"/>	Cooking <input type="checkbox"/>	Cooling <input type="checkbox"/>	Ware Washing <input type="checkbox"/>	Storage: <input type="checkbox"/>
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- Notes:
- An inspection will occur at the Island County commissary during operational hours indicated.
 - A signed Commissary Agreement with a copy of the valid permit will be required for any commissary kitchen that is permitted by another local County. Commissary use will be verified with the local jurisdiction and inspection by the local jurisdiction during operating hours may be requested.

CONTINUE COMPLETION OF APPLICATION ON PAGE 4



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SITE PLAN – BOOTH DIAGRAM (label hand sinks, table, equipment, etc.)

OPERATOR RESPONSIBILITIES (Complete as applicable)	APPLICANT INITIALS
I understand that no changes to the menu or operational scope may be made without written approval from Island County Public Health and notification of the Event Coordinator.	
I acknowledge that I have reviewed and submitted a copy of the Temporary Food Establishment checklist and understand that my establishment must comply with the applicable Food Safety requirements.	
I understand that my establishment must abide by all applicable State and Federal regulations and specifics of any permits issued WSDA, State, or Federal agencies.	

I hereby acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with Washington Administrative Code 246-215, local food safety requirements, and my food establishment may be subject to inspection by Island County Public Health. All fees are non-refundable and permit is not-transferable to person nor place:

Applicant Signature: _____	Date: _____
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Office use only:

Approved EHS approval: _____ Date: _____

Denied Reasoning: _____ Date: _____

Comments: _____