



Cowlitz County Health & Human Services

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Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
Richard R. Dahl District 3

APPLICATION FOR MULTIPLE EVENT TEMPORARY FOOD SERVICE PERMIT

THIS FORM MUST BE COMPLETELY FILLED OUT SIGNED AND **SUBMITTED WITH FEE AT LEAST 7 DAYS PRIOR TO THE EVENT.**
LATE OR INCOMPLETE APPLICATIONS WILL RESULT IN ADDITIONAL FEES, PROCESSING DELAYS, AND/OR RESTRICTIONS TO YOUR PERMIT.

CONCESSION OPERATOR INFORMATION

Organization/Business Name _____

Applicant/Person in Charge Name _____

Phone _____ Alternate Phone _____ Email _____

Applicant Mailing Address _____ City _____ State _____ Zip _____

Describe Facility: Tent Mobile Unit Building Other _____

MENU MUST BE THE SAME FOR EACH EVENT (SEE PACKET FOR EXAMPLE)

LIST ALL FOOD AND BEVERAGES TO BE SERVED OR SOLD: _____

RESTRICTIONS FOR MULTIPLE EVENT TEMPORARY PERMIT

1. MAXIMUM OF 4 EVENTS PER APPLICATION
2. EACH EVENT IS RESTRICTED TO MAXIMUM OF 7 DAYS OVER A 21 DAY CALENDAR PERIOD
3. EVENTS MUST BE PREAPPROVED
4. MUST BE LIMITED TO 1 OR 2 PIC'S. MUST BE THE SAME PIC'S FOR EACH EVENT
5. NO MORE THAN 4 TIME/TEMPERATURE CONTROL FOOD MENU ITEMS ON THE APPLICATION
6. MUST COMPLY WITH TEMPORARY FOOD ESTABLISHMENT REGULATIONS
7. ALL EVENTS MUST BE LISTED AT TIME OF SUBMITTAL
 - a. IF UNABLE TO LIST ALL EVENTS AT TIME OF APPLICATION AN ALLOWANCE MAY BE MADE IF EVENT IS SUBMITTED AT LEAST 1 WEEK IN ADVANCE OF START OF EVENT

MULTIPLE EVENT TEMPORARY FOOD PERMIT FEES

- \$360.00 COMMERCIAL – HIGH HAZARD FOODS
- \$240.00 COMMERCIAL – LOW HAZARD FOODS
- \$180.00 NON-PROFIT ORG – HIGH HAZARD FOODS
- \$120.00 NON-PROFIT ORG – LOW HAZARD FOODS
- \$110.00 LIMITED FOODS (SEE TEMPORARY FOOD ESTABLISHMENT FEE GUIDE FOR FOOD LIST)

SIGNATURE NEEDED ON LAST PAGE

OFFICE USE ONLY

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Non-Profit Low Haz (5647) Non-Profit High Haz (5645) Com Low Haz (5646) Com High Haz (5644)
 Limited Foods (5654) **Fast Track:** N/A 3-6 days (5635) ≤ 2 days (5636)

EHS Reviewer: _____ (review of fees only) Fee Amount: _____ Fast Track: _____

Total Fee Paid: _____ Date Paid: _____ Clerk Initials: _____ Client ID Number _____

EVENT INFORMATION: DATES MUST BE SUBMITTED WITH THE APPLICATION. NO MORE THAN 2 PIC'S CAN BE LISTED.

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EVENT	DATE	LOCATION	PREP TIME	SERVICE TIME	PIC NAME	PIC PHONE #

List All Food & Beverage Items, Ingredients and Retail Sources	Amount of Product	Is there Off Site Prep and/or Storage	How will food be transported	Thermometer Required When Cooking or Hot/Cold Holding			Describe how food will be kept hot and specify temps *NO COOLING ALLOWED*	Describe handling and customer service of each menu item
				Describe cold holding and specify temps	Describe on-site food prep for each listed menu item including cooking and assembling	Cook Temps		
#1								
#2								
#3								
#4								
#5								

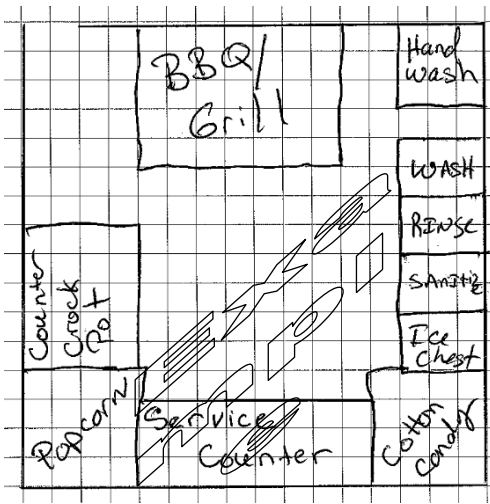
Attach additional sheets if needed.

EQUIPMENT PAGE: (SEE PACKET FOR EXAMPLE)

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MARK ALL ITEMS THAT APPLY

EQUIPMENT TYPE	NUMBER	COMMENTS
Cold Holding		
<input type="checkbox"/> Ice Chests (Pre-chill foods prior to transport)		
<input type="checkbox"/> Refrigerator		
<input type="checkbox"/> Freezer		
<input type="checkbox"/> Other (Describe in comments)		
Cooking		
<input type="checkbox"/> Grills/BBQ		
<input type="checkbox"/> Stove		
<input type="checkbox"/> Oven		
<input type="checkbox"/> Other (Describe in comments)		
Hot Holding		
<input type="checkbox"/> Steamtable		
<input type="checkbox"/> Crockpot		
<input type="checkbox"/> Burner		
<input type="checkbox"/> Chafing Dishes (Indoor use only)		
<input type="checkbox"/> Electric Roaster		
<input type="checkbox"/> Other (Describe in comments)		
Thermometers (<i>Calibrate Prior to Event</i>)		
<input type="checkbox"/> Stem-Type		
<input type="checkbox"/> Thin Tip-Sensitive (Required for thin foods)		
<input type="checkbox"/> Refrigerator/Cooler Thermometers		
Handwashing		
<input type="checkbox"/> Plumbed Handwash Sink		
<input type="checkbox"/> Continuous Flow (no push button)		
<input type="checkbox"/> Handwashing Sign for Posting		
<input type="checkbox"/> Water Heating Equipment		
Warewashing/Utensil Washing		
<input type="checkbox"/> 3-Compartment Sink		
<input type="checkbox"/> 3 Tubs		
<input type="checkbox"/> Dishwasher Commercial		
<input type="checkbox"/> Test Strips for Sanitizing Solutions		
<input type="checkbox"/> Sanitizer for Wiping Cloths		
Food Preparation Sink		
<input type="checkbox"/> Plumbed Sink		
<input type="checkbox"/> Continuous Flow Water Container		
Other		
<input type="checkbox"/> Water Supply _____		
<input type="checkbox"/> Potable Drinking Hose		
<input type="checkbox"/> Waste Water Dumping Location		
<input type="checkbox"/> WA State Food Worker Cards		
<input type="checkbox"/> Food Storage Offsite Location		
<input type="checkbox"/> Commissary Agreement for Offsite		
<input type="checkbox"/> Gloves		



BOOTH FLOOR PLAN – DRAW TO SCALE

Show and label locations of all equipment including:

- Equipment (Grill, Hot Holding, Refrigerator)
- Handwashing Station
- Utensil Washing Station
- Use Entire Area (Must be large enough to see)

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I UNDERSTAND THAT ALL FOOD FOR THIS EVENT MUST BE PREPARED ON-SITE THE DAY OF THE EVENT. I HAVE READ AND AGREE TO FOLLOW ALL REQUIREMENTS TO OPERATE A TEMPORARY FOOD CONCESSION; CONSENT TO INSPECTION BY THE COWLITZ COUNTY HEALTH DEPARTMENT, ISSUANCE AND RETENTION OF THIS PERMIT IS DEPENDENT UPON SATISFACTORY COMPLIANCE WITH STATE AND LOCAL TEMPORARY FOOD SERVICE REQUIREMENTS.

SIGNATURE OF AUTHORIZED PERSON _____ **DATE** _____

PRINTED NAME _____ **PHONE NUMBER** _____