



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 A 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 _____
Event Address/Location: _____
Describe Facility: Tent Mobile Unit Building Other _____

DATES AND TIMES OF FOOD SERVICE AND PREPARATION (No OFFSITE PREPARATION ALLOWED WITHOUT PREAPPROVAL BY HEALTH DEPARTMENT)

Food Service Date(s) _____ Food Service Time(s) _____
Preparation Date(s) _____ Preparation Time(s) _____
If food is purchased in advance where will it be stored? _____

MENU (SEE PACKET FOR EXAMPLE)

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

EVENT INFORMATION

Event Name _____
Event Coordinator _____
Coordinator Contact: Work Phone _____ Cell Phone _____
Coordinator Email _____

SIGNATURE NEEDED ON LAST PAGE

OFFICE USE ONLY

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- Limited Foods (5607) Non-Profit Low Haz (5611) Non-Profit High Haz (5614)
- Com Low Haz (5604) Com High Haz (5610) DFDO Permitted Caterer
- Annual Food Sampling/Grocery (5639)
- Recurring High Haz (5642) Recurring Low Haz (5643) Recurring Limited (5656)
- Fast Track Fee:** N/A 3-6 days (5635) ≤ 2 days (5636)
- Field Issue (5637) + DBL Permit Fee

EHS Reviewer: _____ (review of fees only) Fee Amount: _____ Fast Track: _____
Total Fee Paid: _____ Date Paid: _____ Clerk Initials: _____ Client ID Number _____

HANDLING PROCESS FOR EACH MENU ITEM - SEE PACKET FOR EXAMPLE

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	OFFICE USE ONLY
				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.

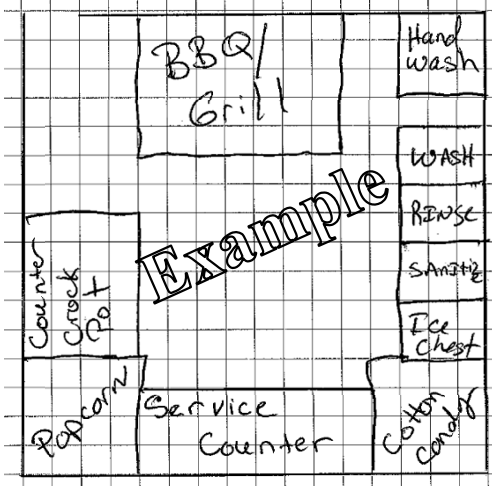
EQUIPMENT PAGE: (SEE PACKET FOR EXAMPLE)

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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 (Calibrate Prior to Event)		
<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 Loc.		
<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 CO. 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** _____