



# Cowlitz County Health & Human Services Departments

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**Board of County Commissioners**  
Arne Mortensen District 1  
Dennis Weber District 2  
Joe Gardner District 3

## APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT

THIS FORM MUST BE COMPLETELY FILLED OUT SIGNED AND **SUBMITTED WITH FEE AT LEAST 14 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

Limited Foods (5607)  Non-Profit Low Haz (5611)  Non-Profit High Haz (5614)  Com Low Haz (5604)  Com High Haz (5610)  DFDO  Permitted Caterer  
 Food Demonstration single (5638)  Food Demonstration annual (5639)  
**Fast Track Single Events:**  N/A  7-13 days (5634)  3-6 days (5635)  ≤ 2 days (5636)  
 Field Issue (5637) + DBL Permit Fee

Recurring High Haz (5642)  Recurring Low Haz (5643)  Recurring Limited (5656)  
**Fast Track Recurring Permit:**  N/A  < 7 days Advance Request - \$146.00 (6020)

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

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**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									

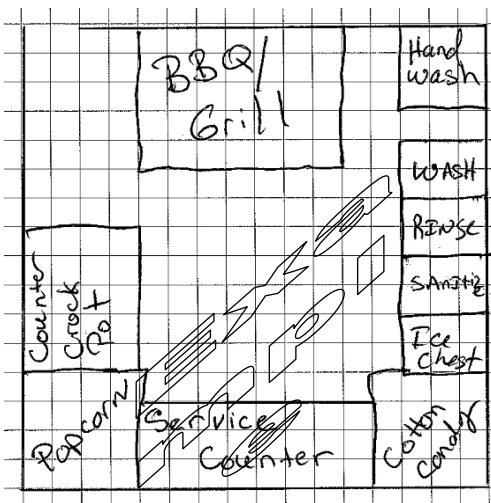
**Attach additional sheets if needed.**

**EQUIPMENT PAGE: (SEE PACKET FOR EXAMPLE)**

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**MARK ALL ITEMS THAT APPLY**

<b>EQUIPMENT TYPE</b>	<b>NUMBER</b>	<b>COMMENTS</b>
<b>Cold Holding</b>		
<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)		
<b>Cooking</b>		
<input type="checkbox"/> Grills/BBQ		
<input type="checkbox"/> Stove		
<input type="checkbox"/> Oven		
<input type="checkbox"/> Other (Describe in comments)		
<b>Hot Holding</b>		
<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)		
<b>Thermometers (<i>Calibrate Prior to Event</i>)</b>		
<input type="checkbox"/> Stem-Type		
<input type="checkbox"/> Thin Tip-Sensitive (Required for thin foods)		
<input type="checkbox"/> Refrigerator/Cooler Thermometers		
<b>Handwashing</b>		
<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		
<b>Warewashing/Utensil Washing</b>		
<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		
<b>Food Preparation Sink</b>		
<input type="checkbox"/> Plumbed Sink		
<input type="checkbox"/> Continuous Flow Water Container		
<b>Other</b>		
<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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A large grid area for drawing the booth floor plan to scale. The grid is composed of dashed lines forming a square pattern.

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** \_\_\_\_\_