



# Cowlitz County Health and Human Services

PHONE: 360-414-5599 FAX: 360-425-7531

WEBSITE: www.co.cowlitz.wa.us/hhs

Main Campus: 1952 9th Avenue, Longview, WA 98632 askcowlitzhealth@cowlitzwa.gov  
Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

## Application for Catering (Out of County Food Establishment)

This form must be completely filled out signed and **submitted with the fee(s) at least two weeks prior to the event.**  
Late or incomplete applications will result in additional fees, processing delays, and/or restrictions to your Permit.

### Catering Business Information

Business Name \_\_\_\_\_  
Applicant/Person in Charge \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Applicant Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Describe Facility:  Permitted Brick/Mortar  Other: \_\_\_\_\_  
Establishment Address \_\_\_\_\_

OFFICE USE ONLY

### Items To Be Submitted With Application

1. Copy of current food establishment permit  
County: \_\_\_\_\_
2. Copy of last inspection report
3. Copy of approval letter
4. Copy of approved menu
5. Dates and times of anticipated events

### Restrictions

1. Food is to be prepared at a licensed facility or onsite at the event
2. Complete a temperature log for transport of TCS foods
3. Brick/mortar establishments licensed in WA state only
4. Must comply with WAC 246-215
5. Applicable catering permit fee

### **SIGNATURE NEEDED ON PAGE 4**

<b>Office Use Only</b>
<input type="checkbox"/> Offsite Catering Service Permit (6006)
<b>Fast Track Fee:</b> <input type="checkbox"/> N/A <input type="checkbox"/> (5666)
EHS Reviewer: _____ (review of fees only) Fee Amount: _____ Fast Track: _____
Total Fee Paid: _____ Date Paid: _____ Clerk Initials: _____ Client ID Number _____

## Catering Information

Describe Catering: (Types of food served, types of events, food prepared at kitchen vs onsite, etc.)

---

1. Have you submitted a catering menu?  Yes  No
- a. Any menu items that are not on the regular food establishment menu?  Yes  No
- b. If yes, what are the menu items and what is the processing plan?  
Attach plan if several items are being proposed.
- 

2. Will you serve hot menu items?  Yes  No
3. Do you plan to transport hot food from the food establishment to site?  Yes  No
- a. If yes, how will you transport the hot foods?
- 

- b. If yes, how will you keep hot foods above 135°F at the event location?  
(chaffing dishes are not approved for outside hot holding)
- 

4. Do you plan to cook food onsite at events?  Yes  No
- a. If so, what foods would be cooked onsite and with what cooking equipment:
- 

- b. If you will be hot holding the food onsite, how will you keep it warm?
- 

5. How will you provide hand washing at the event location? (Submit photo of portable hand wash station or provide enough information to evaluate hand washing)
-

6. How will you provide for extra water at catering sites without public water available?

---

7. How will you transport cold foods to the event location?

---

a. How will you keep foods cold at the event location?

---

8. How will you ensure enough clean utensils are available onsite? Will you bring dishwashing supplies or extra utensils?

---

**Equipment Page: (SEE packet for example)**

**MARK ALL ITEMS THAT APPLY**

<b>Equipment Type</b>	<b>Number</b>	<b>Comments</b>
<b>Transportation</b>		
<input type="checkbox"/> Hot Boxes		
<input type="checkbox"/> Insulated Food Carriers		
<b>Cold Holding</b>		
<input type="checkbox"/> Ice Chests (Pre-chill foods prior to transport)		
<input type="checkbox"/> Refrigerator		
<input type="checkbox"/> Freezer		
<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		
<b>Thermometers (Calibrate Prior to Event)</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"/> 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>Other</b>		
<input type="checkbox"/> Potable Drinking Hose		
<input type="checkbox"/> Waste Water Dumping Location		
<input type="checkbox"/> WA State Food Worker Cards		
<input type="checkbox"/> Gloves		

OFFICE USE ONLY

I consent to inspections by Cowlitz County Health and Human Services. I understand that the issuance and retention of this permit is dependent upon satisfactory compliance with state and local requirements.

**Signature of Authorized Person** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_