

# Application for a Permit to Operate a Temporary Food Establishment (TFE)

**REQUIRED SUBMITTAL ITEMS:** **COMPLETED AND SIGNED APPLICATION SUBMITTED NO LESS THAN 14 DAYS PRIOR TO DATE OF EVENT**  
**Note: New applications received less than 14 days prior to date of event will be charged a 100% penalty. Applications received less than three days prior to date of event may not be processed.**

**OFFICE USE ONLY**

Permit #	Category	Fee \$
Reg# _____ Date _____ Check# _____ Amount\$ _____ Paid by _____		
Permit by _____ Date _____ Approved by _____ Date approved _____		
<b>PERMIT VALID DATE(S): START _____ EXPIRES _____</b>		

**APPLICANT INFORMATION**

Permit Name: \_\_\_\_\_

Name of Business/Organization (if different than permit name): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of On-Site Person in Charge (PIC): ( Check if same as applicant) Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you previously operated a temporary food establishment in Spokane County?  Yes  No  
**IF YES, LIST EVENT NAME(S) AND DATE(S):**

**EVENT INFORMATION**

Event name(s): \_\_\_\_\_ Location: \_\_\_\_\_

Event address(es): \_\_\_\_\_

Date of event(s): \_\_\_\_\_

Food service start and end time (indicate a.m. or p.m.): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event coordinator: \_\_\_\_\_

Do you have any other planned events in Spokane County?  Yes  No  
**IF YES, LIST EVENT NAME(S) AND DATE(S):**

**FACILITY TYPE**

Food booth  Food truck/trailer  Food cart  Permanent facility  Other (specify): \_\_\_\_\_

**FACILITY OPERATION TYPE**

Pre-packaged  Pre-packaged with sampling  Food demonstration with sampling  Food preparation and distribution

**FOOD PREPARATION AND MENU**

**Menu Submittal Requirements:** Only food items listed below are approved for service.  
 Any changes/additions to this menu must be pre-approved prior to the event.  
 All food preparation shall be completed in TFE or in facility approved prior to the event.  
**No home preparation of foods is allowed. All hot food must be discarded at the end of the day.**

<b>Food item</b>  <i>List all separate ingredients for food items</i>	<b>Source</b>  <i>Indicate where the food item is purchased</i>	<b>Check if commercially pre-packaged</b>  <i>Only check if item will be sold in original packaging</i>	<b>Raw or commercially pre-cooked</b>  <i>Indicate if the item is purchased raw or commercially pre-cooked</i>	<b>Identify types of preparation at other location</b>  <i>List methods of preparation for menu item (e.g. wash, cut, cook)</i>	<b>Identify types of preparation at event</b>  <i>List methods of preparation for menu item (e.g. cook, hot hold, cold hold) <b>NO COOLING ALLOWED</b></i>
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

***If additional menu items will be served, attach additional pages including the above listed preparation information***

**FOOD PREPARATION AT APPROVED FACILITY**

Will advance food preparation take place in a location other than TFE:  Yes  No

Name of approved facility:

Phone:

Address of facility:

Is any food preparation regulated by another agency:  Yes  No If yes, indicate agency:  WSDA  USDA  Other (specify):

**If the owner of the facility is different than TFE applicant, a completed commissary agreement must be submitted.**

<b>EQUIPMENT INFORMATION</b>	
<b>Cold holding</b>	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Dry ice/cooler <input type="checkbox"/> Ice/cooler <input type="checkbox"/> Other (specify): <b>POTENTIALLY HAZARDOUS FOODS MUST BE COLD HELD AT 41°F OR BELOW</b>
<b>Cooking</b>	<input type="checkbox"/> Grill <input type="checkbox"/> Stovetop <input type="checkbox"/> Deep fryer <input type="checkbox"/> Oven <input type="checkbox"/> Wok <input type="checkbox"/> Barbeque grill/smoker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Rice cooker <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Other (specify): <b>NO UNATTENDED COOKING</b>
<b>Hot holding</b>	<input type="checkbox"/> Steam table <input type="checkbox"/> Chafing dishes <input type="checkbox"/> Rice cooker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Hot case <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Oven <input type="checkbox"/> Other (specify): <b>NO UNATTENDED HOT HOLDING</b>
<b>Method of hot/cold holding during transportation</b>	<input type="checkbox"/> Insulated food-grade container <input type="checkbox"/> Original packaging <input type="checkbox"/> Hot case <input type="checkbox"/> Refrigeration <input type="checkbox"/> Non-insulated food-grade container <input type="checkbox"/> Delivered to event by commercial vendor, indicate vendor: <input type="checkbox"/> Other (specify):
<b>FOOD PROTECTION</b>	
<b>Method of preventing bare hand contact</b>	<input type="checkbox"/> Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Deli Tissue <input type="checkbox"/> Other (specify): <b>BARE HAND CONTACT WITH READY-TO-EAT FOOD IS NOT ALLOWED</b>
<b>Method of food protection during operation:</b>	<input type="checkbox"/> Sneeze guards <input type="checkbox"/> Continuous active monitoring by food worker <input type="checkbox"/> Only pre-packaged food or bottled drink <input type="checkbox"/> Other (specify):
<b>Storage of utensils between uses</b>	<input type="checkbox"/> In ice water below 41°F <input type="checkbox"/> In hot water above 135°F <input type="checkbox"/> Dipper well <input type="checkbox"/> Utensils replaced no less than every 4 hours <input type="checkbox"/> Washed/rinsed/sanitize no less than every 4 hours (must be stored on clean food grade surface, required for ice scoops) <input type="checkbox"/> Stored in food (handles above top of food, scoops may not be stored in ice used for beverage service) <input type="checkbox"/> Disposable <input type="checkbox"/> Other (specify):
<b>WATER SOURCE AND DISPOSAL</b>	
<b>Water source</b>	<input type="checkbox"/> Public <input type="checkbox"/> Commercially-bottled <input type="checkbox"/> Other (specify): <b>HOSES USED TO CONVEY POTABLE WATER MUST BE FOOD-GRADE AND STORED TO PREVENT CONTAMINATION</b>
<b>Water disposal information</b>	<input type="checkbox"/> Mop Sink <input type="checkbox"/> Direct connection to public sewer <input type="checkbox"/> On-site waste disposal provided by event <input type="checkbox"/> Holding Tank (specify method of disposal): <b>DO NOT DISCHARGE WASTEWATER INTO STORM DRAINS, TOILETS, URINALS, OR ON THE GROUND</b>
<b>SINK REQUIREMENTS</b>	
<b>Warewashing</b>	If the establishment operates for two or more consecutive days or if utensils are re-used on site, a plumbed three compartment sink is required within 200 feet. A commissary location may be used for warewashing. <b>DISH TUBS ARE NOT ACCEPTABLE.</b> Identify location of three compartment sink: <input type="checkbox"/> n/a
<b>Food preparation (for wash, soak, rinse, drain, thaw of food items)</b>	<input type="checkbox"/> Produce is purchased commercially pre-washed (invoices must be available for review by the regulatory authority) <input type="checkbox"/> Designated food preparation sink is provided by the event (must be indirectly drained) <input type="checkbox"/> Designated food preparation sink is provided by applicant (must be indirectly drained) <input type="checkbox"/> Food prepared at approved kitchen (Commissary agreement required if owner of facility is different than applicant)
<b>Handwashing</b>	<input type="checkbox"/> No less than 5 gallon insulated container with free-flowing spigot and no less than 5 gallon catch bucket for waste water <input type="checkbox"/> Plumbed handwashing provided in establishment accessible to food workers AN ADDITIONAL HANDWASHING SETUP MAY BE REQUIRED FOR ESTABLISHMENTS PREPARING RAW ANIMAL PRODUCTS OR LARGE/COMPLEX OPERATIONS <b>WARM POTABLE WATER, SOAP, PAPER TOWELS, AND HANDWASHING REMINDER SIGN REQUIRED</b>

**ESTABLISHMENT CONSTRUCTION**

Floor Material:

Ceiling Material:

Wall Material:

Food Preparation Surfaces/Storage Material:

**ALL SURFACES MUST BE SMOOTH, DURABLE, NON-ABSORBANT AND EASILY CLEANABLE**

**TEMPORARY FOOD ESTABLISHMENT LAYOUT**

**PROVIDE A TOP VIEW SKETCH OF ESTABLISHMENT**

ALL EQUIPMENT, WORK AREAS, STORAGE AREAS, SINKS, FOOD PROTECTION EQUIPMENT AND SANITIZER LOCATION MUST BE INCLUDED

**ALL ACTIVITIES AND FOOD STORAGE AT THE EVENT MUST TAKE PLACE IN THE TEMPORARY FOOD ESTABLISHMENT AND UNDER OVERHEAD COVER**

### ADDITIONAL REQUIREMENTS

The permit holder agrees to ensure the following:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. No bare hand contact with ready-to-eat foods.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Sanitizer and appropriate test strips must be provided. <b>Indicate type of sanitizer used:</b> <input type="checkbox"/> Bleach <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Accurate digital thermometer with a suitable diameter probe designed to measure the temperature of thin foods or a dial stem thermometer must be provided; indicate type: <input type="checkbox"/> Dial stem <input type="checkbox"/> Digital
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Employee restrooms with handwashing must be provided within 200 feet.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Ill food workers must be excluded.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Garbage with lid must be provided.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. Lighting in food preparation and storage area must be shielded or shatter-resistant.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8. Adequate power supply must be provided for electrical equipment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Food and single-service items must be stored no less than 6" off the ground and AWAY FROM CHEMICALS.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10. Adequate set-back for grills and other cooking equipment is required to prevent contamination and to protect the public.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. A designated PIC must be present at all times during operation and food service and person in charge must have current Washington State Food Worker Card available for review by regulatory authority.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Permit must be posted.

### INTERVIEW

Prior to permitting, the PIC will be required to complete an interview with a food safety inspector. The goal of the interview is to discuss your proposed menu, food preparation and operation so we can assist you in safely preparing and serving food. The PIC should be prepared to answer detailed questions about food sources, food preparation steps, food service steps, establishment set up and equipment, and temporary hand wash set ups.

The interview will be scheduled based on your availability as designated below (morning = 8:00 a.m. – noon; afternoon = noon – 4:00 p.m.):

Mondays  morning  afternoon     
 Tuesdays  morning  afternoon     
 Wednesdays  morning  afternoon  
 Thursdays  morning  afternoon     
 Fridays  morning  afternoon

What phone number should we call for the interview?

Within 3 business days of receiving your application, SRHD will send you an email notifying you of your scheduled interview day and time, any additional information required prior to the interview and the fee for your TFE. Additional information requested and the permit fees are due before the interview.

### SUBMITTAL INSTRUCTIONS

Applications may be submitted to Spokane Regional Health District:

BY MAIL OR IN PERSON: 1101 W College Ave, Room 402, Spokane, WA 99201-2095  
 BY FAX: 509-324-3603  
 BY EMAIL: [foodsafetyprogram@srhd.org](mailto:foodsafetyprogram@srhd.org)

### SIGNATURES

By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with WAC 246-215, and will allow Spokane Regional Health District (SRHD) access to the establishment and its records as specified in WAC 246-215. You understand that failure to submit complete information, complete the scheduled phone interview and/or failure to pay permit fees when due may result in penalty fees, required changes to your operation and/or postponing your event. You agree to notify SRHD in advance of changes in menu, equipment, operation, or ownership.

**Incomplete applications will not be processed.**

Signature of applicant:	Date:
Printed name:	Phone: