



**Environmental Public Health Division**  
 1101 West College Avenue, Room 402  
 Spokane, WA 99201-2095  
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 www.srhd.org

**Required submittal items:**

- This application - completed and signed.
- Fee payment - checks payable to Spokane Regional Health District. New establishments/owners: to avoid a 100% penalty, applications must be submitted at least 14 days prior to opening. Applications received less than 3 days prior to opening may be rejected due to insufficient time to review the application.

**Application for a Permit to Operate a Temporary Food Establishment**

Office use only: <b>Fee \$</b>	<b>Expiration:</b>	<b>Permit category:</b>	<b>Permit #:</b>	<b>Area:</b>
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Event Information	Event name:			
	Event address/location/booth #, etc.:			
	Event dates:			
	Name of event coordinator:			
	Phone #:	Fax #:	Cell #:	
	Food service begins at: _____ am _____ pm		Food service ends at _____ am _____ pm	

Booth Information	Booth name:		
	Name & location of drinking water system:		
	Person in Charge (PIC):		DOB:
	*PIC food worker card #:		Expiration date:
	Mailing address for PIC:		
	Phone #:	Fax #:	Cell #:
	Name of business/organization:		Email:
	Mailing address:		Phone #:
	Have you previously operated a temporary food booth in Spokane County? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list last event name & date:		
	Do you have any other planned events in Spokane County? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list event name(s) & date(s):		

**\*Copies of food worker card(s) for PIC(s) must be posted in booth.**

Kitchen Facility Info	Name of kitchen facility used for food prep:	
	Physical address:	
	Name of kitchen facility operator:	Site phone #:
	Note: If your organization does not have its own kitchen facility, you must obtain permission to use a kitchen facility that is approved by the Spokane Regional Health District. Do you operate in conjunction with a commissary? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit an updated commissary agreement.	

Temperature Control	All potentially hazardous food (including, but not limited to most animal products, sliced melons, cooked starches) must be stored at temperatures out of the Danger Zone (41°-135°F). A calibrated thermometer is required to monitor temperatures often.		
	Check all temperature control methods you will use to keep potentially hazardous food either below 41°F or above 135°F. Note how many units, and source of power (e=electricity, g=generator, p=propane) you will plan to use on the line following the equipment name.		
	<b>Cold Holding</b>	<b>Cooking</b> (protect from public access)	<b>Hot Holding</b>
	<input type="checkbox"/> Refrigerator _____ <input type="checkbox"/> Refrigerated truck _____ <input type="checkbox"/> Freezer _____ <input type="checkbox"/> Ice chest _____ <input type="checkbox"/> Drained ice _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Oven _____ <input type="checkbox"/> Stove _____ <input type="checkbox"/> Wok _____ <input type="checkbox"/> Gas grill _____ <input type="checkbox"/> Fryer _____ <input type="checkbox"/> Roaster oven _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Oven _____ <input type="checkbox"/> Stove _____ <input type="checkbox"/> Wok _____ <input type="checkbox"/> Gas grill _____ <input type="checkbox"/> Steam table _____ <input type="checkbox"/> Roaster oven _____ <input type="checkbox"/> Chafing dish _____ <input type="checkbox"/> Other _____

Washing Information	<p><b>Hand washing must be provided in the booth.</b></p> <ul style="list-style-type: none"> <li>• A container to provide warm running water for hand washing must be available. Example: a 5 gallon insulated thermos with continuous flow spigot filled with warm water between 100°F and 120°F, soap (pump type liquid is recommended), paper towels, and a 5 gallon bucket to catch waste water.</li> <li>• A plumbed hand washing setup may be required when raw animal product (e.g. meat, fish, poultry, eggs) is handled at the booth.</li> </ul>
	<p><b>Sanitizer must be provided in the booth.</b></p> <p>Two separate buckets of sanitizer must be available for rinsing and storing wiping cloths, one used for general purposes, and one used only where raw meat is being prepared. Wiping cloths are to be used for sanitizing any food contact surface such as cutting boards. For example, use ¾ - 1 teaspoon of liquid household bleach per 1 gallon of lukewarm water. (Verify proper concentration with test strips.)</p>
	<p>Do you plan to prepare food a day or more before the event?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where and when:</p>
	<p><b>Approved food washing sink must be used for fruits and vegetables or they must be purchased from approved sources pre-washed.</b></p> <p>Location of food washing sink:</p>
	<p><b>Dishwashing/equipment washing facilities (for events lasting 2 days or more, or when equipment or utensils are reused on-site, a 3-compartment sink with attached drainboards on both sides is required within 200 feet).</b></p> <p>Location of facilities:</p> <p>Potable water source location:</p>

Disposal/Waste	<p><b>Waste water disposal</b></p> <p>Location of facilities:</p>
	<p><b>Garbage disposal</b></p> <p>Location of facilities:</p>
	<p><b>Restroom facilities for vendors with running water</b></p> <p>Location of facilities:</p>

**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 agree to notify SRHD in advance of changes in menu, equipment, operation, or ownership. Incomplete applications will not be processed.**

\_\_\_\_\_  
Signature of Owner or Authorized Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name \_\_\_\_\_  
Phone

Office use only: Reg# _____	Date _____	Check# _____	Amount \$ _____	Paid by _____
Permit by _____	Date _____	Approved by _____	Date approved _____	

## Booth Sketch / Floor Plan

Application will be returned if not completed.

1. Sketch in the top view (overhead) and identify all equipment including hand washing facilities, cooking equipment, refrigeration (ice chests), worktables, storage areas, sanitizing solution bucket locations, and sneeze guard locations.

2. Type of floor, wall, and overhead covering: \_\_\_\_\_

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Food Preparation and Menu:

- Only food items LISTED on this application are approved for service. Any changes or additions to these items must be pre-approved by SRHD prior to event.
- Any foods that require cooling must be cooled in an approved kitchen. NO cooling is allowed at event.
- Any hot held foods remaining at the end of the day must be discarded.

Food Item (list all menu items being served at event)	Where foods are purchased?	Is the food item purchased raw or pre-cooked?	Will food be prepared in the booth or at approved kitchen	Transported hot or cold? What equipment will be used to transport?	Cold Holding Equipment used at event? (41F or below)	Hot Holding Equipment used at event? (135F or above)	How are you preventing Bare Hand Contact? (i.e. gloves, tongs)
Ex: Burgers	XYZ Store	Raw	Booth	Cold- Ice chest	Refrigerator, freezer	Steam Table	Gloves and tongs