



# GARFIELD COUNTY HEALTH DISTRICT

P.O. BOX 130 • POMEROY, WASHINGTON 99347 • (509) 843.3412

## TEMPORARY FOOD SERVICE APPLICATION

Name of Event: \_\_\_\_\_

Event Coordinator (If applicable): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Person in Charge at Food Service Site: \_\_\_\_\_

Person with Food Service Worker Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Exp Date Name Exp Date

Serving Location: \_\_\_\_\_ Beginning Date & Time: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Food Items to be Served	Off Site Preparation Yes or No	On Site Preparation Yes or No	Type of Cooking Equipment	Hot or Cold Holding Equipment	Will food be served Hot or Cold

If prepared foods are transported to the site how long will it take \_\_\_\_\_ how will food be kept hot or cold

Food will be served from:  Approved Kitchen     Mobile Unit     Booth     Other \_\_\_\_\_

Do you have a metal stem thermometer for checking temperatures, holding temperatures, ect.? \_\_\_\_\_

Source of water to be used on site \_\_\_\_\_ Wastewater disposal:  Sewer     Septic Tank     Holding Tank     Bucket

Handwashing Facilities:  Plumbed sink     Gravity Flow Dispenser    Utensil Washing Facilities:  Plumbed sink with two or more sink     Dishwasher     Two tubs & dispenser

Sanitizing Solution:  Bleach-water     other \_\_\_\_\_    Garbage Disposal:  cans     Dumpster

I hear by consent to inspections by the Garfield County Health District and acknowledge that issuance and retention of this permit are contingent upon satisfactory compliance with local temporary food service requirements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE

RECEIPT # \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_