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: _____Phone Number: _____

Applicant's Address: _____

Email 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, etc.? _____

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 hereby 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

RECIEPT # _____ DATE: _____ APPROVED BY: _____