



# TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

FEE \_\_\_\_\_

Date paid \_\_\_\_\_

Temporary Event ( )

Seasonal/Farmers Market ( )

**KITSAP PUBLIC HEALTH DISTRICT**

**Please submit 14 days before the event.**

(Late fees may apply if submitted less than 14 days before event.)

Food Safety Program 345 6<sup>TH</sup> Street, Suite 300, Bremerton, WA 98337 (360) 728-2235 Fax (360) 813-1379 www.kitsappublichealth.org

**1. EVENT INFORMATION**

Event: \_\_\_\_\_ Location: \_\_\_\_\_  
 (For a seasonal permit, list first event on above line and list other events on the **Multiple Event Itinerary Form.**)

Event Address: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Food Service begins: \_\_\_\_\_ am/pm & ends \_\_\_\_\_ am/pm  
 (For a Seasonal permit, list date of first event.)

Event begins: \_\_\_\_\_ am/pm & ends \_\_\_\_\_ am/pm

Event Coordinator \_\_\_\_\_ Phone (daytime): \_\_\_\_\_

**2. APPLICANT INFORMATION/EMAIL**

Organization Email: \_\_\_\_\_

Your Organization: \_\_\_\_\_ Your Address: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Phone (daytime): \_\_\_\_\_

**3. Menu:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A complete application packet must include a Food Flow Form and an Annual Commissary Agreement (if using a commissary kitchen).** Changes or additions to menu require approval.

**4. Temperature Control Method**  
 Please circle the equipment used to maintain temperature control.

A. For Hot Holding: steam table, oven, stove, grill, BBQ, wok \_\_\_\_\_

B. Cold Holding: refrigerators, ice chest with ice, freezers \_\_\_\_\_

C. Transport: insulated chests, hot holding boxes \_\_\_\_\_

5. Water Supply: \_\_\_\_\_ Wastewater: sewer ( ) or holding tank ( )

6. Handwashing facilities provided in food preparation area: plumbed sink ( ) or gravity flow container ( )

7. I have read and agree to comply with the requirements for a temporary food establishment. I understand that if I don't comply with the above stated requirements, my establishment will be closed.

\_\_\_\_\_  
**Applicant's Signature** Date

----- FOR OFFICIAL USE ONLY -----

Menu category:	Bake Sale ( )	Limited Menu ( )	Non-complex Menu ( )	Complex Menu ( )
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The individual whose signature appears above is approved to operate a temporary food establishment serving only those items listed above and only for the event dates listed above. This permit may be suspended by the Health Officer or his/her authorized agent upon violation by the holder of any applicable rules or regulations.

\_\_\_\_\_  
 Health Authority Signature Date