

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Menu type:					
Pern	Permit fee: \$ Late fee: \$				
Date	Date paid:				
	Single event				
	Seasonal/ Farmers Market				

Tool Safety Program 345 6 Th Street, Suite 300, Bremerton, WA 98337 (360) 728-2235 www.kisuppublichealth.	KITSAP PUBLIC Submit 14 days be HEALTH DISTRICT avoid	Seasonal/ Farmers Market		
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 & endsam/pm (For a seasonal permit, list date of first event.) Event begins:am/pm & endsam/pm Event Coordinator Phone (daytime): 2. APPLICANT INFORMATION Your Organization: Your Address: Doing Business As Name: Organization Email: (fi different than above) Your Name: Your Phone (daytime): 3. Menu: A complete application packet must include a Food Flow Form and an Annual Commissary Agreement (if usin 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: steam table, oven, stove, grill, BBQ, wok B. Cold Holding: steam table, oven, stove, grill, BBQ, wok B. Cold Holding: steam table, oven, stove, grill, BBQ, wok B. Cold Holding: refigerators, ice chest with ice, freezers C. Transport: insulated chests, hot holding boxes S. 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'comply with the above stated requirements, my establishment will be closed.	ood Safety Program 345 6 TH Street, Suite 300, Bremerton, WA 9	08337 (360) 728-2235	ww	vw.kitsappublichealth.c
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FOR OFFICIAL USE ONLY	Applicant's Signature		Date	
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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