



TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

KITSAP PUBLIC HEALTH DISTRICT

Submit 14 days before the event to avoid late fees.

Menu type: _____

Permit fee: \$ _____ Late fee: \$ _____

Date paid: _____

Single event

Seasonal/ Farmers Market

Food Safety Program

345 6TH Street, Suite 300, Bremerton, WA 98337

(360) 728-2235

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

Your Organization: _____ Your Address: _____

Doing Business As Name: _____ Organization Email: _____
(If 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 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 ()

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 _____