



# Okanogan County Public Health District

1234 2nd Avenue South  
Okanogan, WA 98840  
(509) 422-7140

[www.okanogancounty.org/government/public\\_health](http://www.okanogancounty.org/government/public_health)

## Temporary Food Service Permit

### *Process Summary*

To complete this application process, submit the following items to the Okanogan County Public Health District (OCPHD). ***NOTICE!*** *If any of the items listed below are not completed, the permit application will be denied and a permit will not be issued.*

#### **Required Items:**

- ✓ Temporary Food Service Permit application packet and non-refundable application fee
  - Applications received without payment, incorrect amount or partial payment will result in permit application denial.**
  - ***NOTICE!*** *If you need help to determine if your temporary food service site meets the standard for a Low or High Hazard application review, please call the OCPHD and ask to speak with a Food Inspector.*
    - PART 1: Event, Establishment and Owner Information
    - PART 2: Event Site Set-Up
    - PART 3: Methods of Food Preparation Table
    - PART 4: Food Preparation and Compliance

#### **Process:**

- 1) Submit this application with the supplemental form(s) included with this packet and correct application fee to allow for process to complete at least 14 days before event.  
**A late fee of \$55 will be charged to all applications received less than 14 days before the start date of the event.**
- 2) Application is reviewed, followed by denial or approval.
- 3) Upon approval, a Temporary Food Service Permit is generated and mailed to the owner's address provided on the application.

#### **NOTICE!**

- Any steps or food preparation described in the application that does not comply with the [Washington State Retail Food Code WAC 246-215](#) will result in permit application denial.
- All food served at temporary events must be prepared at the event site.
  - ↗ If you are serving a product that requires advanced preparation, it may be allowed if it is prepared in an approved kitchen or commissary. You must fill out and submit the Commissary Agreement form included in this application packet.
  - ↗ Any advanced food preparation in a residential kitchen or an unapproved kitchen will not be allowed and will result in permit suspension.

The application packet fee includes application review, correspondence and generating the Temporary Food Service Permit. The application fee must be paid prior to application review. Additional time will be billed at the Environmental Health (EH) Consultation fee per hour, if required. The current OCPHD fee schedule is available on our website at [https://www.okanogancounty.org/government/public\\_health/index.php](https://www.okanogancounty.org/government/public_health/index.php)

We recommend reading through this application packet before filling it out. This packet is intended as a guide and may not answer all your questions. If you have questions regarding the application process, please call the OCPHD at (509) 422-7140.



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## Temporary Food Service Permit

- High Hazard 321.20.56.03 \$105.00  
 Low Hazard 321.20.56.15 \$55.00

### For OCPHD Use Only

Date rcvd: \_\_\_\_\_  
 Amt paid: \_\_\_\_\_  
 Type: \$\$ CC ✓# \_\_\_\_\_  
 Receipt # \_\_\_\_\_

### Application Instructions:

- All information in the application packet must be provided before application review.
  - Temporary permits must be applied for at least 14 calendar days prior to the event.*
  - An application for a food event permit received less than 14 calendar days prior to the event must pay a late fee.*
- Submit the completed application, non-refundable fee, and any required documents listed in the application.  
 Temporary Food Service Permits are valid for one event of 21 consecutive days or less at one site.

### PART 1: EVENT, ESTABLISHMENT & OWNER INFORMATION

Event	
Event Name: _____	Event location: _____
Event Coordinator's Name: _____	Phone: _____
Event <b>START</b> Date: _____ Time: _____	Event <b>END</b> Date: _____ Time: _____
Food Establishment / Booth	
Establishment / Booth Name: _____	Person in Charge (PIC) of Booth / Site: _____ PIC Phone #: _____
<input type="checkbox"/> Same as Owner; Food Establishment Owner will be running booth	
Owner	
Name: _____	
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	
Owner's Phone: _____	Owner's Email: _____

### PART 2: EVENT SITE SET-UP

1) Estimated number of people to be served per day:	<input type="radio"/> Less than 50 <input type="radio"/> 50 – 100 <input type="radio"/> More than 100
2) Location and Time of Advanced Preparation*: <small>*Questions 13 &amp; 14 on Page 3 are required when Advance Prep is used.</small>	Location: _____ Time: _____
3) Describe equipment that will be used for: Cold Holding:	_____
Hot Holding:	_____
Cooking:	_____
Reheating:	_____
4) a. If food is transported to the Food Service site, what is length of time in transport?	Length of time food in transport to site: _____
b. How is the food going to be kept Hot or Cold?	_____
5) Is a Stem-Type (0°-220° F) food thermometer available?	<input type="radio"/> No <input type="radio"/> Yes
6) Disposable gloves & food handling utensils available? <small>(No bare hand contact (BHC) with ready to eat (RTE) food allowed)</small>	<input type="radio"/> No <input type="radio"/> Yes
7) Public Water Supply used: _____	Waste Water Disposal: <input type="radio"/> No <input type="radio"/> Yes >>> Type: <input type="checkbox"/> Sewer <input type="checkbox"/> Holding Tank
8) Handwashing facilities available?	<input type="radio"/> No <input type="radio"/> Yes >>> Type: <input type="checkbox"/> Plumbed Sink <input type="checkbox"/> Gravity Flow Container
9) Sanitizing solution (bleach water) and wipe down cloth available?	<input type="radio"/> No <input type="radio"/> Yes
10) Utensil washing facilities available?	<input type="radio"/> No <input type="radio"/> Yes >>> Estimated distance from Vendor: _____ feet
11) Garbage Disposal:	<input type="radio"/> No <input type="radio"/> Yes >>> Type: <input type="checkbox"/> Cans <input type="checkbox"/> Dumpsters
12) Location of Toilets: _____	Estimated distance from Vendor: _____ feet

### PART 3: METHODS OF FOOD PREPARATION

List all foods you will be offering at this temporary event. *Attach additional sheets of this worksheet, if necessary.*  
**For each item, circle the answer to each question and provide the detail, if applicable, when the answer is "Yes".**

Menu / Food Item	Food prepared on site?	Produce wash required?	Cook? If "Yes", include final cook temp	Hot holding? (135°F or more) If "Yes", what method?	Cold holding? (41°F or less) If "Yes", what method?
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____
	No Yes	No Yes	No Yes, Final cook temp: _____	No Yes, Method: _____	No Yes, Method: _____

### PART 4: FOOD PREPARATION and COMPLIANCE

- 13) Describe source of food: \_\_\_\_\_
- 14) Advance food prep location, if applicable: \_\_\_\_\_
- 15) Describe advance food prep procedures: \_\_\_\_\_
- 16) Describe cooking and preparation procedures: \_\_\_\_\_
- 17) Number of Food Service workers/employees in booth during cooking and serving = \_\_\_\_\_
- 18) Number of people with current Food Worker Card = \_\_\_\_\_

*I hereby consent to inspection by the Okanogan County Public Health District and acknowledge that issuance and retention of this temporary permit is contingent upon satisfactory compliance with state and local temporary food service requirements.*

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

#### \*\*\* OCPHD OFFICE USE ONLY \*\*\*

Okanogan County Public Health District (OCPHD)	
Environmental Health Specialist / Inspector signature: _____	Date: _____
Comments and / or Restrictions: _____	
_____	
_____	
<b>Permit Status:</b> <input type="radio"/> Denied <input type="radio"/> Approved >>> PERMIT # _____   Date Issued: _____	



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## Commissary Agreement

A commissary is an approved location where food is stored, prepared, or packaged for service at another location. A commissary may also be used to service and store food for mobile food units. Once our office approves this Commissary Agreement, you may not use a different facility for food preparation and storage without written approval of the Okanogan County Public Health District (OCPHD).

**Persons wanting to operate at one of the following must submit this form for review.**

Mark one:

- A mobile food unit
- A temporary food establishment requiring off-site or advanced food preparation
- A farmer's market food vendor
- A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary OWNER Information	Commissary USER Information
Facility Name:	Facility Name:
Contact Name:	Contact Name:
Address:	Address:
City, State & Zip Code:	City, State & Zip Code:
Phone Number:	Phone Number:
Email Address:	Email Address:

Round trip mileage from commissary kitchen to service location and back: \_\_\_\_\_ miles

After-hours accessibility-key / code provided to commissary user?  No  Yes

### Commissary Tasks

Mark all that apply:

- |                                                                                           |                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Cooking foods                                                    | <input type="checkbox"/> Cooling of hot foods                                    |
| <input type="checkbox"/> Hot Holding foods                                                | <input type="checkbox"/> Potable water re-supply                                 |
| <input type="checkbox"/> Raw meat / seafood prep                                          | <i>Approved water system?</i> <input type="radio"/> No <input type="radio"/> Yes |
| <input type="checkbox"/> Vegetable / Ready to Eat Food Prep                               | <input type="checkbox"/> Wastewater disposal                                     |
| <input type="checkbox"/> Other Food Preparation ( <i>Assembly, trimming, portioning</i> ) | <i>Permitted system?</i> <input type="radio"/> No <input type="radio"/> Yes      |
| <input type="checkbox"/> Dry Goods Food Storage                                           | <input type="checkbox"/> Cleaning of utensils                                    |
| <input type="checkbox"/> Refrigerated Food Storage                                        | <input type="checkbox"/> Restroom available                                      |

I grant permission for the User listed above to use my facility for the tasks indicated above.

- *This agreement is no longer valid if either the commissary owner / user closes their business.*
- *The commissary owner consents to inspection of the facility by the Okanogan County Public Health District.*

Commissary operator / Owner signature \_\_\_\_\_ Date \_\_\_\_\_

Commissary User signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

**OCPHD Office Use only >>>    Approved    Denied**

Environmental Health Specialist / Inspector signature \_\_\_\_\_ Date \_\_\_\_\_