

## **CLARK COUNTY PUBLIC HEALTH**

1601 E. Fourth Plain Blvd.P.O. BOX 9825Vancouver, WA 98666-8825Phone (360) 397-8428

FOR OFFICE USE ONLY:	
Date received:	
Received By:	

## **TEMPORARY FOOD ESTABLISHMENT - EXEMPT FROM PERMIT APPLICATION**

An Environmental Health Specialist will review this application. If food service does not meet Chapter 246-215 WAC for exemption from permit, the applicant will be notified by phone to either: I) limit some menu items, 2) apply and pay for a temporary permit, and/or 3) apply additional requirements as necessary to protect public health.

Owner / Organization Nar	Non-profit meTax exemp	Non-profit organization: Tax exempt ID # 501 (c)(3)				
	essionEmail					
Person to call if the per	mit exemption requirements are not met or if m	nore information is needed.				
Contact Name	Email	Phone				
Name of Event						
	ame of EventTime of Food Sales					
	et Address					
vent Coordinator Name Event Coordinator Phone						
	pages of this application and submit to CCPH at	least ONE MONTH IN ADVANCE of the				
o apply, complete both vent.  By Mail	pages of this application and submit to CCPH at  Mail to: Clark County Public Health – EPH, P.					
vent.		O. Box 9825 Vancouver, WA 98666-8825  I Friday:-8:00 AM- 4:00 PM,				

215		JS FOODS (Non-phf) ARE APPROVED TO S THAT YOU WILL BE SELLING OR SAN						
☐ Cotton candy in ☐ Corn on the cob (for immediate service)		$\square$ Crushed ice drinks with no phf		☐ Chocolate-dipped bananas				
		ingredients dispensed from a self-		colate-dipped ice				
		contained machine that makes its own ice		<ul><li>☐ Roasted or candy coated nuts</li><li>☐ Non-phf baked goods (see question 10)</li></ul>				
		$\square$ Dried herbs & spices from an approve						
	Whole peppers (for immediate	facility						
servi	ce)	Fruit & vegetable samples (non-phf only	/) <u>(se</u>	e question 11)				
	Other Food Items (include ice and/or t be used as food)	o Food supplier (where will you purchase the food?)	Check if samples will be provided.	Check if there will be on site preparation.	Indicate if the items will be served hot or cold,			
I.	ALL SAMPLING METHODS MUINSPECTOR Will samples be pro-		OUNTY PUB	LIC HEALTH	FOOD			
2.	A hand washing station must be set up in the concession stand. All food employees must wash their hands before any food service begins. Lack of a complete hand wash station will result in immediate closure. Hand sanitizer is not an approved substitute for a hand wash station.  Will there be a 5-gallon (or larger) insulated container with a continuous flow spigot, warm_water, a pump soap dispenser, paper towels, and a catch bucket for dirty water? Yes   No   If no, describe alternative access to hand washing station:							
3.	names and shifts of individuals with	a valid card:	t least one employee at all times. List the  Shift:					
4.								
5.	What equipment/units will be used on-site to cook food? (Note, Sterno <sup>TM</sup> is not allowed at outdoor events for hot holding) Grill $\Box$ Fryer $\Box$ Roaster oven $\Box$ Gas grill $\Box$ Stove $\Box$ Other $\Box$							
6.	How will you protect the public from	om the above cooking or hot holding u	nits?					
7.								
8.	What sanitizer solution will provided on site (note: sufficient clean towels and appropriate test strips must be provided)? $\Box$ Bleach at 50-100ppm or $\Box$ Quaternary ammonium at 200-400ppm							
9.	Wastewater <u>cannot</u> be dumped d Where will the wastewater be disp	own a storm drain or on the ground. oosed?						
10.	manner are only exempt when sold educational purposes AND with a s is not inspected by Clark County Pub	<b>I goods</b> , such as brownies, cookies and by a non-profit organization (e.g.501-C ign, clearly visible to customers, stating	fruit pies pre 3) operating that these ite	pared and wrap for religious, cha ems are prepare	aritable or d in a kitchen that			
11.		foods regulated by the Department of Ag						