

WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

Website: https://www.co.walla-walla.wa.us/government/health_department/index.php

Email: health@co.walla-walla.wa.us

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RECURRING TEMPORARY FOOD SERVICE APPLICATION

Vendor Information								
Business Name:								
Applicant Name:								
Applicant Mailing Address:								
Phone Number:								
Thome Trainious.								
Event Information								
Event Name:								
Event Location:								
Event Coordinator:	Phone Number:							
Event Start Date:								
Hours of Operation:								
Commissary In	nformation							
Name of Kitchen used for Food Preparation:								
Physical Address:								
Name of Kitchen Operator/Owner:								
Facility Owner:								
(Please Print Legibly)	(signature) Date							
By signing this you agree to let your facility be used by the applicant for the								
List the items and/or activities that you will be conducting at the	commissary (Storing foods, Cooking, Cutting Produce):							
Days of the week you have access to the facility:								
What time during the day do you have access to the facility:								
Do you have access to the facility at least 2 hours before the star								
Do you have access to the facility at least 2 hours certain the star	tor the events [] Tes [] To							
When using a commissary all food items and equipment are expect	ed to be at the commissary location at all times except for							
transport to and from the event you are participating in. The Wall								
conducting random inspections of your commissary throughout the								
violations are discovered WWCHD will suspend your operating pe	-							
adulterated foods.	Thin and require destruction of any unsafe, unknown, of							
Applicant:								
(Please Print Legibly) (Signatur	e) (Date)							
Note: All applications need to be received 3 business days	*Fee will be determined by WWCDCH and is based on							
before the event to avoid a late fee	menu and preparation:							
Day of the event Application due day & fee paid	[] Category 1 \$100.00							
MondayTuesday of Previous week	[] Category 2 \$150.00							
TuesdayWednesday of Previous week								
WednesdayThursday of Previous week	Late Fee:							
ThursdayFriday before the event	Total Amount Owed:							
FridayMonday before the event	Receipt Number:							
SaturdayTuesday before the event								
Sunday Tuesday before the event	Sanitarian Approval: Date:							

Menu and Preparation Steps

- List all food items that you plan on having at the event and mark all preparation steps for that food item.
- Only food items listed shall be approved for service. The Walla Walla County Department of Community Health reserves the right to deny any food item from being sold.
- Any changes to the menu items listed below requires advance approval. This must be done before the day of service.
- Permit fees are based on preparation steps each step is assigned 1 point and the total points will determine the permit price.

Food Item	Purchased Location	Cooked from Raw	Hot Held	Cold Held	Produce Preparation	Time as a Control	Re- Heat	Prepared On-Site
Example: BBQ Chicken Sandwich	ABC Store		Х	Х			Х	No