



KITSAP PUBLIC HEALTH DISTRICT

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Submit 14 days before the event to avoid late fees.

For office use only: Menu type: Permit fee: \$ Late fee: \$ Date paid: Same day application Single event Seasonal/Farmers market

Food Safety Program 345 6th Street, Suite 300, Bremerton, WA 98337 (360) 728-2235 www.kitsappublichealth.org

1. APPLICANT INFORMATION/EMAIL

Organization name: Contact person: Email: Phone number (during event): Mailing address: City: State: Zip:

2. EVENT INFORMATION: ACCURATE INFORMATION IS CRITICAL. CONTACT US IF THESE DETAILS CHANGE OR A REINSPECTION FEE MAY BE ASSESSED.

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: Food service begins: am/pm & ends am/pm (For a seasonal permit, list date of first event.) Event Coordinator Phone (daytime):

3. Menu Commissary kitchen used- Submit Commissary Kitchen Agreement Food Flow Form attached- Required

Menu items: _____

*Changes or additions to menu require approval from the Health District.

5. Water Supply: Wastewater: sewer () or holding tank () 6. Handwashing facilities provided in food preparation area: Plumbed sink () or gravity-flow container ()

By signing, I have read and agree to comply with the requirements for a temporary food establishment. I understand that if I do not comply with the above stated requirements, my establishment may be closed. I understand that I may be assessed a reinspection fee if I do not notify the Food Program of changes to the event date or time or my menu.

Applicant's Signature

Date

FOR OFFICE USE ONLY



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

FOOD FLOW FORM

Food Service Establishment Application

Submittal Date

Indicate where food storage, preparation, cooking, or packaging will take place; **must be at an approved kitchen or at the site.**

Location of food preparation: On-site In an approved facility

Name and address of the approved facility: _____

Dates and times of food preparation: _____

Ware washing location: On-site In an approved facility

Name and address of the approved facility: _____

Complete the following charts for all food to be served. These charts will tell us how the food will be handled, from raw to finished product. Indicate the cooking temperatures and hot/cold holding temperatures. Food requiring cooling may be prohibited. Please call the Food Inspector of the Day at (360) 728-2235 with any questions. Attach additional pages if needed.

FOOD PREPARATION DONE BEFORE THE EVENT (AT THE SITE OR AT AN APPROVED KITCHEN)						
FOODS SERVED	THAW	CUT/ASSEMBLE	COOK	COOL	REHEAT	HOT/COLD HOLDING
(EXAMPLE) SOUP	NON	CUT VEGGIES	ON STOVE TO 135° F	2" DEPTH	N/A	TRANSPORT COLD

FOOD PREPARATION DONE AT THE SITE DURING THE EVENT						
FOODS SERVED	THAW	CUT/ASSEMBLE	COOK	COOL	REHEAT	HOT/COLD HOLDING
(EXAMPLE) SOUP	NON	CUT VEGGIES	ON STOVE TO 135° F	2" DEPTH	N/A	TRANSPORT COLD