Office use only: **Grant Co. Health District** ☐ Approved 1038 W. Ivy Ave · Moses Lake, WA 98837 www.granthealth.org ☐ Denied □ Plans and specifications requested 2024 Application for exemption from permit This application is based on WAC 246-215-08305 (Rules and Regulations of the State Board of Health for Food Service)...\$14.00/calendar year Provide applicant information and attach list of planned events: Food items that may be exempted from permit: Applicant Name Daytime Contact Phone Popcorn (including flavored popcorn and kettle corn) Business Name, if applicable Cotton candy Dried herbs and Mailing Address City, State, Zip **spices** (if processed in an approved Will this operation be out of an enclosed mobile unit (i.e., food truck/trailer)? ☐ Yes ☐ No (check one) facility) Food Items, check all that apply: Popcorn Whole peppers Machine-crushed ice Cotton candy Roasted nuts drinks (non-TCS Herbs and spices Chocolate-dipped ice cream bars ingredients, Machine-crushed ice drinks (NO sno-cones) Chocolate-dipped bananas ice/water from an Corn on the cob Fruit and vegetable samples approved source and self-contained **Food Safety Requirements:** machine that makes The Person-in Charge is required to make sure that all food safety rules are followed. its own ice: no shave Read the statements below and mark Yes (Y), No (N), or Not Applicable (N/A). ice/snow cones) • Corn on the cob (if □ □ 1. At least one person in the booth will have a valid **Washington State Food Worker** roasted for immediate **Card** (www.foodworkercard.wa.gov) service, no hot holding) □ □ 2. You will **enforce an illness and handwashing policy** and provide a handwashing station in the immediate area during food preparation. Whole roasted □ □ 3. You will provide **water, ice and food from approved sources**. Preparation must be peppers done onsite or in an approved facility. No home prep or storage allowed. (if roasted for □ □ 4. You will use approved barriers including utensils, paper wraps, and gloves (which immediate service) must be changed when contaminated, ripped, or after changing tasks) to **prevent** Bare Hand Contact with all ready-to-eat foods. Roasted nuts and □ □ 5. You will make sure that there are employee restrooms with warm water handwash, peanuts (including soap and single use towels within 200 ft. All employees must wash their hands candy-coated) after using the restroom. Chocolate-dipped ice □ □ 6. You will provide an adequate number of clean utensils or a 3 basin dish-wash facility. cream bars (if All **utensils will be washed** in hot, soapy water (basin 1), rinsed in clean water (basin 2), sanitized (basin 3), and air dried before use. made with □ □ 7. You will store all food, ice and single-service products off the ground and **away from** commercially packaged ice cream sources of contamination. You will only use food-grade containers for food storage and transport. bars) □ □ 8. You will make sure **all food-contact surfaces are sanitized** prior to, and during, food Chocolate-dipped preparation. bananas (if made After receiving your application, an inspector will review your plan with you. You may be asked to provide additional information. Once the application is approved, NO changes may be made

with bananas peeled and frozen in an

approved facility) Sliced fruits and

vegetables for sampling (non-TCS hazardous produce)

Date
Amount
Received
Receipt #
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I understand that:

- 1) Certificates for temporary facilities are renewable annually and expire December 31.
- 2) Certificates are non-transferable and are valid only for the current operator and the establishment listed on this application. Changes in the food exempted require prior approval by the Health District.

Date

3) No new certificates will be issued to persons or businesses having an outstanding debt to the Health District.

Signature of Applicant

without approval from this department.

Signature of Regulatory Authority