



# GCHD

## 2024 Recurring Temporary Food Establishment Permit Application

GRANT COUNTY HEALTH DISTRICT

1038 West Ivy St, Moses Lake, WA 98837

(509) 766-7960 (509) 766-6519 (fax) [www.granthealth.org](http://www.granthealth.org)

Date \_\_\_\_\_  
Amt. Rcvd \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Initials \_\_\_\_\_

Directions: Complete this application and submit it, along with the appropriate fee, to Grant County Health District **at least five business days before the next event**. Failure to complete this application in full may result in restrictions or possible closure.

Please mark the permit you are applying for:	HIGH RISK FOODS		MODERATE RISK FOODS		LOW RISK FOODS	
<b>Commercial Food Vendor (for-profit)</b>	\$523		\$348		\$176	
<b>Non-commercial Food Vendor (non-profit)</b>	\$261.50		\$174		\$88	

### Applicant info:

Name of Food Establishment (Booth Name):	
Person in Charge of Food Service (Owner):	Phone: (    )
Mailing Address:	Email:

### Event Info:

Event Name:	Location (address):
Name of Coordinator:	Phone: (    )

### Application must be submitted with the following items:

<input checked="" type="checkbox"/>	ITEM #	ITEM	DESCRIPTION
	1	Event Coordinator	<b>Provide copy of the Event Coordinator's approval if not already on file.</b>
	2	Fixed Menu	<b>Provide a menu or detailed list of all the food and drinks you will be serving.</b> Note sources of food purchases.
	3	Food Preparation Methods	<b>Describe preparation methods of all food and drinks you will be serving.</b> Include all steps: cold holding, thawing, prepping, assembling, cooking, hot holding, etc. You may use Attachment A to specify your methods or use your own format as long as all the required information is included.
	4	Fixed Booth Floor Plan	<b>Provide a scaled floor plan drawing</b> showing the layout of the booth. Label the type and location of all equipment (Handwash station, refrigeration, protective barriers etc.). Show work areas, ware washing, and preparation tables.
	5	Food Worker Cards	<b>All food workers</b> must have a current Washington State Food Worker Card. Submit copies with the application and have them available in the booth.
	6	Copies of Prior Inspection(s)	<b>Provide copies of prior inspections.</b> To qualify, the food booth must have consecutive prior inspection(s) without red critical violations for the current year. One inspection for low risk, two for moderate risk, and three for high risk.
	7	Commissary (offsite prep kitchen)	<b>Submit Commissary Application if any food is handled/prepared offsite prior to the event.</b> This includes any exposed food handling (washing, cutting, marinating, cooking, etc.). A commissary agreement letter is required if you are not the legal owners of the commissary.

By signing, I understand that:

- 1) My application cannot be processed until all the required information is submitted.
- 2) Changes in menu or floor plan may require a new application.
- 3) Permits are non-transferable and only valid for the current owner and event listed on this application.
- 4) That issuance and retention of this permit is contingent upon satisfactory compliance with GCHD requirements (see ordinance).

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Approved: Yes ☐ No ☐ If no, reason: \_\_\_\_\_

EHS: \_\_\_\_\_ Date: \_\_\_\_\_

(revised 12/2023)