

Application for exemption from permit

This application is based on WAC 246-215-191 (Rules and Regulations of the State Board of Health for Food Service)

Official Use Only:
 Approved by _____
 Denied
 Plans and specification

Food Items that may be exempted from permit:

- **Popcorn** (including kettle corn)
- **Cotton Candy**
- **Dried herbs and spices** (if processed in an approved facility)
- **Machine-crushed ice drinks** (if made with nonpotentiality hazardous ingredients and ice from an approved source)
- **Corn on the cob**
- **Whole roasted peppers** (if roasted for immediate service)
- **Deep-fried pork skins** (if made with pork skins from a food processing plant)
- **Caramel apples**
- **Chocolate-dipped bananas** (if made with bananas peeled and frozen in an approved facility)
- **Sliced fruits and vegetables for sampling** (if used for individual samples of nonpotentiality hazardous produce)

Application and Event Information:

Application Name _____ Daytime Contact Phone _____

Business Name, if applicable _____

Mailing Address _____

Name of Event _____ Date of Event _____

Event Location _____ Time of Event _____

Year Long Event Seasonal Event Temporary Event Recurring

Food Items (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Popcorn | <input type="checkbox"/> Roasted nuts |
| <input type="checkbox"/> Cotton candy | <input type="checkbox"/> Pork skins |
| <input type="checkbox"/> Herbs and spices | <input type="checkbox"/> Caramel apples |
| <input type="checkbox"/> Iced drinks (i.e.: Slushy, Slurpee..) | <input type="checkbox"/> Chocolate-dipped ice cream bars |
| <input type="checkbox"/> Corn on the cob | <input type="checkbox"/> Chocolate-dipped bananas |
| <input type="checkbox"/> Whole peppers | <input type="checkbox"/> Fruit and vegetable samples |

Food Safety Requirements:

Food handlers are required to make sure that food safety rules are followed. Read the statements below and mark Yes (Y), No (N), or Not Applicable (N/A).

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| Y | N | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. At least one person in the booth will have a valid Washington State Food Worker Card. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. You will enforce an illness and handwashing policy and provide a hand washing facility during food preparation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. You will provide water, ice and food from approved sources. Home storage or preparation is not allowed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. You will use approved barriers including utensils, paper wraps, and gloves (which must be changed when contaminated, ripped, or after changing tasks) to prevent Bare Hand Contact with all ready-to-eat foods. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. You will make sure that our employees have accessible restrooms. All employees must wash their hands after using the restroom. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. You will provide an adequate number of clean utensils or a 3 basin dish-wash facility. All utensils will be washed in hot, soapy water (basin 1), rinsed in clean water (basin 2), sanitized (basin 2), and air dried before use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. You will store all food, ice and single-service products off the ground and away from sources of contamination. You will only use food-grade containers for food storage and transport. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. You will make sure all food-contact surfaces are sanitized prior to, and during, food preparation. |

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 without approval from this department.



Columbia County
Public Health

270 E. Main St.
Dayton, WA 99328
509-382-2181

WWW.COLUMBIACO.COM

REVISED DATE 2-28-2019

Signature of Applicant _____ Date _____ Signature of Regulatory Authority _____ Date _____