



## Temporary Food Service Product Information Form

EFFECTIVE December 1, 2016

☐ **\$43.00 Processing Fee** (372)

**INCOMPLETE FORM WILL BE DENIED UNLESS COMPLETED IN FULL.**

Form must be **RECEIVED** in the Food Section office **seven (7) days before the first day of vendor operation.**

**Booth/Vendor Information:**

Booth Name:

Vendor Name:

Vendor Mail Address:

Street

City

State

Zip

Daytime Phone:

Do Employees Have Food Worker Cards?

**Event Information:** (To operate at multiple events, provide information on each. **Use back for additional events.**)

Event Name:

Location:

Coordinator Name:

Phone Number:

Your Start Date:

**What kind of food are you selling?**

☐ Non-potentially hazardous commercially prepackaged food

☐ Food products sold by farmers meeting the requirements of RCW 36.71.090

**Will samples be offered to customers?** *Additional requirements must be met if product sampling occurs.*

☐ Yes

☐ No

**LIST ALL FOOD TO BE SOLD AT THE BOOTH**

1. Name and location of approved facility where food is produced:

2. Are any of the above foods hermetically sealed? If so, which agency (FDA, USDA or WSDA) permits the facility:

3. Provide documentation of current license and/or inspection from the appropriate regulating agency. **Include** list of foods approved for processing. **Expiration date** of license:

**FOR HEALTH DISTRICT USE ONLY**



APPLICANT SIGNATURE

DATE

**Additional Event Information:**

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Start Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Start Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Start Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

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Your Start Date: \_\_\_\_\_