



**Lincoln County Health Department**  
**Dr. Raaj Ruparel, M.D. - Health Officer**

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**Temporary Food Event:**  
**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)*

**Only the following Food items may be exempt from permit, please check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Popcorn</b> (including kettle corn)   | <input type="checkbox"/> <b>Whole roasted peppers</b> (if roasted for immediate service)  |
| <input type="checkbox"/> <b>Cotton Candy</b>  | <input type="checkbox"/> <b>Roasted nuts and peanuts</b> (including candy-coated)   |
| <input type="checkbox"/> <b>Dried herbs and spices</b> (if processed in an approved facility)   | <input type="checkbox"/> <b>Chocolate-dipped ice cream bars</b> (if made with commercially packaged ice cream bars)                             |
| <input type="checkbox"/> <b>Machine-crushed ice drinks</b> (if made with non-potentially hazardous ingredients and ice from an approved source) | <input type="checkbox"/> <b>Chocolate-dipped bananas</b> (if made with bananas peeled and frozen in an approved facility)                       |
| <input type="checkbox"/> <b>Corn on the cob</b> (if roasted for immediate service)  | <input type="checkbox"/> <b>Sliced fruits and vegetables for sampling</b> (if used for individual samples of non-potentially hazardous produce) |

**Applicant and Event Information:**

<i>Applicant Name (include business name)</i>	<i>Phone #</i>	<i>Email</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>
<i>Event Name</i>	<i>Event Location</i>	<i>Dates Attending</i>

**Food Safety Requirements:** Food handlers are required obey all food safety rules listed below.

1. At least one person in the establishment will have a valid **Washington State Food Worker Card**.
2. You will **enforce an illness and handwashing policy** and provide a handwashing facility during food preparation.
3. You will provide **water, ice and food from approved sources**. Home storage or preparation is not allowed.
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.
5. You will make sure that your employees have accessible restrooms. All **employees must wash their hands** after using the restroom.
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 3), and air dried before use.
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.
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.

\_\_\_\_\_  
*Signature of Applicant* *Date*

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*Signature of Regulatory Authority* *Date*