



WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

Website: https://www.co.walla-walla.wa.us/government/health_department/index.php

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RECURRING TEMPORARY FOOD SERVICE APPLICATION

Vendor Information

Business Name:
Applicant Name:
Applicant Mailing Address:
Phone Number: Email:

Event Information

Event Name:
Event Location:
Event Coordinator: Phone Number:
Event Start Date: Event End Date:
Hours of Operation:

Commissary Information

Name of Kitchen used for Food Preparation:
Physical Address:
Name of Kitchen Operator/Owner: Phone Number:
Facility Owner: (Please Print Legibly) (signature) Date

By signing this you agree to let your facility be used by the applicant for the times and activities mentioned below:
List the items and/or activities that you will be conducting at the commissary (Storing foods, Cooking, Cutting Produce):

Days of the week you have access to the facility:
What time during the day do you have access to the facility:
Do you have access to the facility at least 2 hours before the start of the event: [] Yes [] No

When using a commissary all food items and equipment are expected to be at the commissary location at all times except for transport to and from the event you are participating in. The Walla Walla County Health Department (WWCHD) will be conducting random inspections of your commissary throughout the season to ensure compliance with WAC 246-215. If violations are discovered WWCHD will suspend your operating permit and require destruction of any unsafe, unknown, or adulterated foods.

Applicant: (Please Print Legibly) (Signature) (Date)

Note: All applications need to be received 3 business days before the event to avoid a late fee

Table with 2 columns: Day of the event, Application due day & fee paid. Rows include Monday through Sunday with corresponding due dates.

*Fee will be determined by WWCDCH and is based on menu and preparation:

- [] Category 1 \$100.00
[] Category 2 \$150.00

Late Fee:
Total Amount Owed:
Receipt Number:

Sanitarian Approval: Date:

