

TEMPORARY FOOD PERMIT APPLICATION

Event Name: _____ Applicants Name: _____

Event Coordinator: _____ Applicants Address: _____

Event Coordinator Phone: _____ Applicants Phone: _____

Name of Food Service or
Organization Represented: _____ Applicants Email: _____

FOOD ITEMS TO BE SERVED	OFF SITE PREPARATION YES or NO	ON SITE PREPARATION YES or NO	TYPE OF COOKING EQUIPMENT	HOT OR COLD HOLDING EQUIPMENT	WILL FOOD BE SERVED HOT OR COLD?

Serving Location: _____ Begin Date & Time: _____ End Date: _____

If prepared foods are transported to the site, how long will it take? _____

How will the food be kept hot or cold? _____

Food will be served from: Approved Kitchen Mobile Unit– Must have current L&I inspection sticker Booth/Temp Structure

Other (please explain) _____

Do you have a metal stem thermometer for checking cooking temperatures, holding temperatures, etc.? _____

Source of water to be used at site _____ Wastewater disposal: Sewer Septic Tank Holding Tank Bucket

Hand washing facilities: Plumbed Sink Gravity Flow Dispenser

Utensil Washing Facilities: Plumbed Sink with Two or More Compartments Dishwasher Two Tubs & Dispenser

Sanitizing Solution Used: Bleach-Water Other: _____ Garbage Disposal Used: Cans Dumpster

Location of Toilets _____ Type of Toilets: Flush Chemical

—Health Department Use Only—

Permit Cost: Flat Rate.....\$50.00 _____

Non-Profit.....\$25.00 _____

Late Fee (Less than 7 day notice)...\$15.00 _____

Total Amount _____

Approved By Environmental Health Generalist

I hereby consent to inspections by the Columbia County Health Department and acknowledge that issuance and retention of this permit are contingent upon satisfactory compliance with local temporary food service requirements.

Applicant's Signature

Date

Payment Options– In Person or Over the Phone– CREDIT CARD OR E-CHECK or Online at http://agent.pointandpay.net/pointandpay_counter/

Date _____ Paid \$ _____ Cash _____ Credit Card _____ Check# _____ Receipt _____ Initials _____

Updated 09/11/2025