

**Skagit County Health Department**  
700 South 2<sup>nd</sup> Street #301  
Mount Vernon, WA 98273  
Phone: 360-336-9380 Fax: 360-336-9401

**FOR HEALTH DEPT. USE ONLY**

Fee: \_\_\_\_\_ EHS: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**"UMBRELLA" FOOD SERVICE PERMIT APPLICATION**

To be completed by the coordinator.

**Permit Fees**

6 or fewer food participants. .... \$ 150.00

Late Fee ☐ Event within 3-14 days, add .....\$25.00 ☐ Event within 1-2 days, add .....\$50.00

**(You must submit your application with fee to our office 14 days prior to the event to avoid a late charge)**

**Event Information**

Name of Event: \_\_\_\_\_

Location of event (street address; city): \_\_\_\_\_

Coordinator name: \_\_\_\_\_

Coordinator address \_\_\_\_\_

Coordinator phone number: day: \_\_\_\_\_ Other \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Time: \_\_\_\_\_ (Example: 8AM to 2:30PM)

**Note:** One person may be in charge of up to six participant booths.

**Food Service Facility Construction**

Each participant must adhere to the Requirements to Operate and other applicable guidelines. Failure to follow the rules may result in the closure of the food booth.

**Please provide the following information:**

Drinking water source: \_\_\_\_\_

Wastewater disposal: \_\_\_\_\_

Restroom facilities location: \_\_\_\_\_

Participant Name	Contact Name & Phone	Food Served
1.		
2.		
3.		
4.		
5.		
6.		

If more than 6 participants, an additional application is needed.

I hereby consent to inspection by the Skagit County Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local food service requirements, a copy of which I have received.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Environmental Health Specialist Review: \_\_\_\_\_ Date: \_\_\_\_\_

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[www.skagitcounty.net/food](http://www.skagitcounty.net/food)

**EVENT THIS FOOD SERVICE IS PART OF:**

**Date of Event:** \_\_\_\_\_

**To be completed by each food service participating**

There is no fee for each participant

**Food Service Participant Information**

Your name: \_\_\_\_\_

Food service name: \_\_\_\_\_

Your mailing address : \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Your phone number: Day: \_\_\_\_\_ Other: \_\_\_\_\_

Will food be prepared at a location other than where served? No ☐ Yes ☐

If yes, please list the specific location where advance preparation of food will take place (If food preparation will be outside of Skagit County you must submit with your application a copy of the facility's permit, your last inspection and a letter stating you are allowed to use the facility, if applicable.):

Name of facility: \_\_\_\_\_ Address: \_\_\_\_\_

Date(s) of Preparation: \_\_\_\_\_ Time: \_\_\_\_\_ (Example: 8AM to 2:30PM)

**Food Preparation Procedures**

**Please list what food will be served, and how it will be prepared.**

Food	Cut/Assemble	Keep Cold	Cooked	Keep Hot	Other
<b>Example: Chili</b>	✓		✓	✓	

**Please describe the following:**

Hand washing facilities: \_\_\_\_\_

Cooking equipment (i.e. grill, stove, BBQ): \_\_\_\_\_

Refrigeration equipment (i.e. ice chests, mechanical refrigerators): \_\_\_\_\_

Hot-holding equipment (i.e. steam table, oven): \_\_\_\_\_

Construction material for floors/walls/ceilings: \_\_\_\_\_

How do you plan on eliminating bare hand contact with ready to eat foods (i.e. gloves, utensils, tongs, deli paper barriers):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Environmental Health Specialist Review: \_\_\_\_\_ Date: \_\_\_\_\_