

Application for exemption from permit

This application is based on WAC 246-215-191 (Rules and Regulations of the State Board of Health for Food Service)

Office use only:

- Approved
- Denied
- Plans and specifications requested

Food items that may be exempted from permit:

- **Popcorn** (including kettle corn)
- **Cotton candy**
- **Dried herbs and spices** (if processed in an approved facility)
- **Machine-crushed ice drinks** (if made with nonpotentially hazardous ingredients and ice from an approved source)
- **Corn on the cob**
- **Whole roasted peppers** (if roasted for immediate service)
- **Roasted nuts** (including candy-coated)
- **Deep-fried pork skins** (if made with pork skins from a food processing plant)
 - **Caramel apples**
- **Chocolate-dipped ice cream bars** (if made with commercially packaged ice cream bars)
- **Chocolate-dipped bananas** (if made with bananas peeled and frozen in an approved facility)
- **Sliced fruits and vegetables for sampling** (if used for individual samples of nonpotentially hazardous produce)

Applicant and Event Information:

Applicant Name

Daytime Contact Phone

Business Name, if applicable

Mailing Address

City, State, Zip

Event Location

Date of Event

Food Items, check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Popcorn | <input type="checkbox"/> Roasted nuts |
| <input type="checkbox"/> Cotton candy | <input type="checkbox"/> Pork skins |
| <input type="checkbox"/> Herbs and spices | <input type="checkbox"/> Caramel apples |
| <input type="checkbox"/> Iced drinks | <input type="checkbox"/> Chocolate-dipped ice cream bars |
| <input type="checkbox"/> Corn on the cob | <input type="checkbox"/> Chocolate-dipped bananas |
| <input type="checkbox"/> Whole peppers | <input type="checkbox"/> Fruit and vegetable samples |

Food Safety Requirements:

Food handlers are required to make sure that food safety rules are followed.

Read the statements below and mark Yes (Y), No (N), or Not Applicable (N/A).

Y N N/A

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

Mason County Health
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www.co.mason.wa.us

Signature of Applicant

Date

Signature of Regulatory Authority

Date