



# Temporary Food Service Product Information Form

Effective May 1, 2016

## \$41.00 Processing Fee

Please complete and return form with fee. INCOMPLETE FORM WILL BE DENIED.  
Form must be received in the Food Section office seven (7) days before the first day of vendor operation.

### Booth/Vendor Information:

1. Booth Name: \_\_\_\_\_ 2. Vendor Name: \_\_\_\_\_

3. Vendor Mail Address: \_\_\_\_\_  
Street City State Zip

4. Daytime Phone: \_\_\_\_\_ 5. Do Employees Have Food Worker Cards? YES NO

**Event Information:** (To operate at multiple events, provide information on each. Use back for additional events.)

6. Event Name: \_\_\_\_\_ 7. Event Location: \_\_\_\_\_

8. Event Hours: \_\_\_\_\_ Event Date: \_\_\_\_\_ 9. Your Start Date: \_\_\_\_\_

10. Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 11. What kind of food are you selling?

Non-potentially hazardous commercially prepackaged food

Food products sold by farmers meeting the requirements of applicable Tribal law and RCW 36.71.090

12 Will samples be offered to customers? YES NO **NOTE:** Additional requirements must be met if product sampling occurs.

List All Food to be Sold at Booth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Name and location of approved facility where food is produced:

\_\_\_\_\_

14. Are any of the above foods hermetically sealed? If so, which agency (FDA, USDA or WSDA) permits the facility:

\_\_\_\_\_

15. Provide documentation of current license and/or inspection from the appropriate regulating agency. Include list of foods approved for processing. Expiration date of license:

\_\_\_\_\_

\_\_\_\_\_  
Name of Applicant Signature Date

**FOR HEALTH DISTRICT USE ONLY**

## Quil Ceda Village Health Department

8802 27th Ave NE, Tulalip, WA 98271 p 360 716-5000 f 360 716-0052



# Temporary Food Service Product Information Form

Additional Event Information

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Hours: \_\_\_\_\_ Event Date: \_\_\_\_\_ Your Start Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Hours: \_\_\_\_\_ Event Date: \_\_\_\_\_ Your Start Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Hours: \_\_\_\_\_ Event Date: \_\_\_\_\_ Your Start Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Hours: \_\_\_\_\_ Event Date: \_\_\_\_\_ Your Start Date: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Hours: \_\_\_\_\_ Event Date: \_\_\_\_\_ Your Start Date: \_\_\_\_\_