

\$40.00 Processing Fee (372)

INCOMPLETE FORM WILL BE DENIED UNLESS COMPLETED IN FULL.

Form must be **RECEIVED** in the Food Section office **seven (7) days before the first day of vendor operation.**

Booth/Vendor Information:

Booth Name: _____ Vendor Name: _____

Vendor Mail Address: _____
Street City State Zip

Daytime Phone: _____ Do Employees Have Food Worker Cards? _____

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

Event Name: _____ Location: _____

Coordinator Name: _____ Phone Number: _____

Your Start Date: _____

What kind of food are you selling?

- Non-potentially hazardous commercially prepackaged food
- Food products sold by farmers meeting the requirements of RCW 36.71.090

Will samples be offered to customers? *Additional requirements must be met if product sampling occurs.*

- Yes
- No

LIST ALL FOOD TO BE SOLD AT THE BOOTH

1. Name and location of approved facility where food is produced: _____
2. Are any of the above foods hermetically sealed? If so, which agency (FDA, USDA or WSDA) permits the facility: _____
3. Provide documentation of current license and/or inspection from the appropriate regulating agency. **Include** list of foods approved for processing. **Expiration date** of license: _____

FOR HEALTH DISTRICT USE ONLY



APPLICANT SIGNATURE

DATE

Additional Event Information:

Event Name: _____ Location: _____
Coordinator Name: _____ Phone Number: _____
Your Start Date: _____

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