



**Jefferson County Environmental  
Public Health Department**  
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For Office Use:	
Date Rec'd _____	Receipt # _____
Amt. _____	Check # _____
Permit # _____	Category _____
Comments: _____	
_____	

## Additional Single Temporary Event Attachment

In addition to the Temporary Food Service Application, this sheet must be completed if you would like to operate at more than one temporary event initially described on the application. Please be aware, this is only used for temporary food establishments operating with a fixed menu in a fixed location. A 50% late fee will be added to all applications received less than 7 days prior to the event. **Failure to obtain a valid TFS permit prior to event may result in the following: (a) immediate closure, and/or (b) submission of TFS application after event for review, (c) submission of TFS permit application fee (d) 50% of TFS permit application fee as a late fee.**

**2019 FEE:** Additional events (Must be the same menu and preparation procedures for all events): .....\$68.00/Event

### EVENT INFORMATION

Event #2	Name of Event _____ Event Address _____ City _____ Date of Event _____ Event Time _____ Where will water come from? _____ Where will ingredients come from? _____ Where will ice come from? _____
Event #3	Name of Event _____ Event Address _____ City _____ Date of Event _____ Event Time _____ Where will water come from? _____ Where will ingredients come from? _____ Where will ice come from? _____
Event #4	Name of Event _____ Event Address _____ City _____ Date of Event _____ Event Time _____ Where will water come from? _____ Where will ingredients come from? _____ Where will ice come from? _____
Event #5	Name of Event _____ Event Address _____ City _____ Date of Event _____ Event Time _____ Where will water come from? _____ Where will ingredients come from? _____ Where will ice come from? _____

### ORGANIZATION OR OWNER INFORMATION AND SIGNATURE

Name of Organization or Owner _____
Name of Person in Charge (PIC) _____ Phone (_____) _____
Please write the Permit # of the Temporary Food Permit that you would like to attach this document to: _____

*By signing below, I understand that issuance and retention of a permit to operate a Temporary Food Establishment will only include serving those items listed in this application and only for the event dates listed. Any change of person in charge, menu, or event dates, requires approval by the Environmental Health Department and may require resubmission of this application. All service will be in compliance with the Rules and Regulations of Washington State (WAC 246-215) and the Local Board of Health Ordinance Chapter 8.05 Jefferson County Code. Your temporary permit must be posted at **each** event. Failure to post your permit may result in revocation of the operating permit.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_