Benton-Franklin Health District
Environmental Health Division
7102 W. Okanogan Place • Kennewick, WA 99336
(509) 460-4205 or (800) 814-4323
www.bfhd.wa.gov

For Office Use Only	
App Accepted By:	

Off-Site Operation Notice

☐ Mobile Unit ☐ Food Demonstrator ☐ Caterer ☐ Other _____

SECTION 1: BUSINESS AND CONTACT INFORMATION

Date of Notice		
Business Name	**Telephone Number** ( )	**Fax Number** ( )
Owner Name	**Daytime Phone** ( )	**E-mail**

SECTION 2: EVENT

Location of Event	
Date(s) of Event	
Event Coordinator	**Event Coordinator Contact Number**

Hours of Operation
Sun: ____*to*____ **Mon:** ____*to*____ **Tue:** ____*to*____ **Wed:** ____*to*____ **Thu:** ____*to*____ **Fri:** ____*to*____ **Sat** ____*to*____

Planned Menu:

Will Restrooms be available within 200 feet of your food preparation area? *(If no, then only commercially-packaged foods served unopened will be permitted.)*	☐ Yes ☐ No
What type of handwash will you provide?	☐ Plumbed Handsink ☐ Temporary Handwash
Will you serve or sell raw or undercooked meats, poultry, fish, eggs, or shellfish? *(If yes, then a proper consumer advisory must be displayed.)*	☐ Yes ☐ No

Don't forget: All food workers must have a copy of their Food Worker Card available in the booth.

SECTION 6: SIGNATURE

I certify by signature that I am the owner or designee of the establishment. I further certify that I grant permission to allow the Health Officer and/or representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of WAC 246-215, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Benton-Franklin District Board of Health Regulations or WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

Note: It is the applicant's responsibility to ensure compliance with all other applicable state, county, and city agencies before operating the establishment at the location listed on this operation notice.

Applicant Signature _____ Date _____

Applicant Printed Name _____ Phone Number _____