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)

Signature of Applicant

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)
- 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 non-potentially hazardous produce)



Environmental Health & Safety (EH&S) 2425 E Grimes Way Pullman, WA 99164-1172 509-335-9564 www.ehs.wsu.edu

Jason Sampson: sampsonj@wsu.edu

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:	
☐ Popcorn ☐ Cotton Candy ☐ Dried Herbs and spices ☐ Machine Crushed Iced drinks ☐ Corn on the Cob	 Whole Roasted Peppers Roasted Nuts Chocolate-dipped Ice Cream bar Chocolate-dipped Bananas Sliced Fruit and Vegetables for
Food Safety Requirements:	Sampling
Read the statements below and mark Yes Y N N/A	· · · · · · · · · · · · · · · · · · ·
Read the statements below and mark Yes Y N N/A List person on next line that has	(Y), No (N), or Not Applicable (N/A).
Read the statements below and mark Yes Y N N/A 1. List person on next line that has (name / county / expiration da) 2. You will enforce an illness and	(Y), No (N), or Not Applicable (N/A). s a valid WA State Food Worker Card ate / person signs form at bottom) I handwashing policy and provide a
Read the statements below and mark Yes Y N N/A 1. List person on next line that has (name / county / expiration da You will enforce an illness and handwashing facility during for	(Y), No (N), or Not Applicable (N/A). s a valid WA State Food Worker Card ate / person signs form at bottom) I handwashing policy and provide a bod preparation.
Read the statements below and mark Yes Y N N/A	(Y), No (N), or Not Applicable (N/A). sa valid WA State Food Worker Card ate / person signs form at bottom) I handwashing policy and provide a od preparation. If food from approved sources. Home owed. including utensils, paper wraps, and gloves contaminated, ripped, or after changing tasks
Read the statements below and mark Yes Y N N/A	(Y), No (N), or Not Applicable (N/A). sa valid WA State Food Worker Card ate / person signs form at bottom) I handwashing policy and provide a od preparation. If food from approved sources. Home owed. including utensils, paper wraps, and gloves contaminated, ripped, or after changing tasks with all ready-to-eat foods.
Read the statements below and mark Yes Y N N/A	(Y), No (N), or Not Applicable (N/A). sa valid WA State Food Worker Card ate / person signs form at bottom) I handwashing policy and provide a od preparation. Id food from approved sources. Home owed. including utensils, paper wraps, and gloves contaminated, ripped, or after changing tasks with all ready-to-eat foods. inployees have accessible restrooms. All
Read the statements below and mark Yes Y N N/A 1. List person on next line that has (name / county / expiration da 2. You will enforce an illness and handwashing facility during for storage or preparation is not alle you will use approved barriers i (which must be changed when or to prevent bare hand contact or prevent bare hand contact or employees must wash their has you will provide an adequate no facility. All utensils will be was	(Y), No (N), or Not Applicable (N/A). sa valid WA State Food Worker Card ate / person signs form at bottom) I handwashing policy and provide a od preparation. If food from approved sources. Home owed. including utensils, paper wraps, and gloves contaminated, ripped, or after changing tasks with all ready-to-eat foods. inployees have accessible restrooms. All ands after using the restroom. umber of clean utensils or a 3 basin dish-wash ashed in hot, soapy water (basin 1), rinsed in
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Read the statements below and mark Yes Y N N/A 1. List person on next line that has name / county / expiration da 2. You will enforce an illness and handwashing facility during food storage or preparation is not allowed storage or preparation is not allowed water, ice and storage or preparation is not allowed which must be changed when to prevent bare hand contact which must be changed when to prevent bare hand contact will be water that your engloyees must wash their has a clean water (basin 2), sanitized 0 7. You will store all food, ice and saway from sources of contamic containers for food storage and	(Y), No (N), or Not Applicable (N/A). sa valid WA State Food Worker Card ate / person signs form at bottom) I handwashing policy and provide a od preparation. If food from approved sources. Home owed. including utensils, paper wraps, and gloves contaminated, ripped, or after changing tasks with all ready-to-eat foods. inployees have accessible restrooms. All ands after using the restroom. umber of clean utensils or a 3 basin dish-wash ashed in hot, soapy water (basin 1), rinsed in (basin 3), and air dried before use. single-service products off the ground and ination. You will only use food-grade

Date

Signature of EH&S Authority

Date