



Public Health & Social Services Department
Environmental Health Division
412 Lilly Road NE Olympia, WA 98506
Phone (360) 867-2667 Fax (360) 867-2600
TDD Line for the hearing impaired (360) 867-2603
Email: foodapplication@co.thurston.wa.us
Website: www.co.thurston.wa.us/health/ehfood

Catering Supplemental Application

Name of Catering Operation: _____

This application is for catering only. Any catering operation serving food within Thurston County must obtain either a food establishment permit or a temporary permit from this office. Temporary permits for a catering job are needed if you are permitted by another health department. If you have questions about how to complete this form or what catering includes, refer to our Catering FAQ. Please answer the following questions. If you need additional space, please attach numbered responses.

1. Check all types of catering you will provide:

- Self-service buffet line (setup by catering staff)
- Served buffet line (served by catering staff)
- Table/wait service (served by catering staff)

2. Do you have a valid food establishment permit in Thurston County?

- Yes, Name of Establishment: _____
- No

3. Will you use your own existing permitted restaurant/food establishment kitchen for catering?

- Yes
- No, I will use a commissary kitchen/facility and have attached a **Catering Commissary Agreement**

4. Maximum number of catered meals served daily (total number of customers you may serve in one day). _____

5. **Attach a detailed catering menu.** The catering menu must list all food and beverages that may be catered. Attach a menu, even if it is the same as your restaurant menu.

6. **Attach a detailed food flow for menu items.** Carefully distinguish between preparation that will be done at the kitchen [commissary] and transport, preparation and service steps that will be done at the catering service site. Step-by-step written descriptions of all steps for each different menu item should also be submitted.

7. How will beverages be served? (ex. coffee station with drip coffee brewed at event site) _____

8. Will any food of animal origin (ex. meat, seafood, eggs) be offered raw, undercooked or cooked to customer specification?
- No. We do not offer raw or undercooked food items.
 - Yes. I will provide a Consumer Advisory Warning for any menu item that will be served raw or undercooked. This includes raw meat, shellfish (such as oysters on the half shell), caesar salad (dressing made with raw eggs), sushi, steak tartare, eggs over easy, steaks cooked to order, etc. A Consumer Advisory Warning will be present on the catering menu and at the serving area. **Attach an example of the buffet line Consumer Advisory Warning (such as a table tent or placard).**

9. List any food that will be **cooked** at a catered event site: _____

10. List any food that will be **prepared** at a catered event site: _____

11. Will you use time as a control during the service at the event?
- Yes, and have **attached a written procedure for using time as a control.**
 - No

12. Provide details of how food will be kept hot and held cold before and during the service at the event site: _____

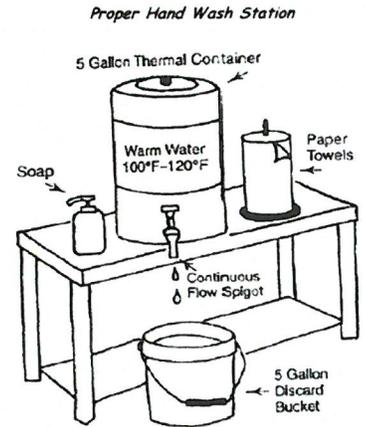
13. List what equipment will be used to reheat foods if they fall below 135°F: _____

14. List any food that will be cooled. Include any food that will be cooked, cooled and reheated later: _____

15. Describe your policy for what happens to leftover food items at the end of each catered event: _____

16. Leftover food items set out for service must be discarded. Food that has warmed or cooled into the temperature danger zone (41-135°F) must be discarded. **Initial here to acknowledge:** _____
17. Provide details of what equipment will be used for catered events. **Attach equipment specification sheets** and identify the quantity of each type of equipment that you will have. The amount of equipment must be sufficient to cater the total number of daily meals listed in Question 4.
18. Will you provide durable dishes, utensils or glassware at catered events that require washing afterward?
- Yes
- No

19. Handwash sinks or stations are required at all serving locations including beverage service areas. Restroom handwash sinks and unheated footpump sinks **do not** meet this requirement. A temporary handwash station must include a 5-gallon or larger insulated container supplied with warm (100-120 °F) water delivered through a continuous-flow spigot or spout, a container for waste water retention, hand soap, and paper towels. (Hand sanitizer is not a substitute for handwashing!) At least one handwash sink/station must be provided within 25 feet of food preparation and service.



Provide details of all temporary handwash stations you will use at remote sites:

20. How will warm water be provided for handwash sinks during the event? _____

21. Sneeze guards must protect any open food or condiments at the serving area. Provide dimensions, elevation and material of sneeze guard protection for hot and cold entrees on the serving line. _____

- 22. Attach a drawing of a sample catering line that shows how serving lines are setup. Include location of handwash stations and sneeze guard protection for open food.**

The above information is true and correct to the best of my knowledge.

Signature of Applicant

Date



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CATERING COMMISSARY AGREEMENT

Business Name: _____ Owner/Operator: _____

Hours and Days of Operation: _____

Time and Days at Commissary/Service Area: _____

This form is to be completed when the owner of the commissary (i.e. food establishment) agrees to provide specific services to support a caterer. This agreement between the commissary owner and the caterer signifies that both parties agree that the following services shall be provided.

- | | | |
|---|------------------------------|-----------------------------|
| Approved Water Source | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Approved Waste Water Disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage/Trash Disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dry Storage Space (adequate shelving provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial Refrigeration (adequate shelving provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ice Machine Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food Preparation Sink Availability (with air gap) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Three Compartment Sink or Dishwasher Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mop Sink Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restroom Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equipment Storage Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| After-hours accessibility (entrance key provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Commissary agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the Catering operating permit issued by Thurston County Public Health and Social Services (TCPHSS).** This suspension is effective until a new agreement is provided to and approved by TCPHSS.

CATERING COMMISSARY (FOOD ESTABLISHMENT) AUTHORIZATION:

Commissary Name: _____

Commissary Operation Hours and Days: _____

Address: _____ City: _____ Phone: _____

(PRINT NAME OF COMMISSARY OWNER)

(SIGNATURE OF COMMISSARY OWNER)

(DATE)

(PRINT NAME OF CATERING OWNER)

(SIGNATURE OF CATERING OWNER)

(DATE)