



TULALIP TAX & LICENSING DIVISION
 6406 Marine DR NW - Tulalip, WA 98271
 Office: 360.716.4209 - Fax: 360.716.0179
 TLD@TULALIPTRIBES-NSN.GOV

LIC NUMBER	OTHER LIC NUMBER	APPLICABLE YEAR
CHECK / MONEY ORDER #		RECEIPT NUMBER

TEMPORARY FOOD SERVICE PERMIT APPLICATION

PLEASE PRINT OR TYPE IN DARK INK. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.

A PAYMENT SUMMARY

Enclose payment for total amount due. Application, inspection, and related fees can be combined in one payment made payable to Tulalip Tribes / TLD . License fees are not pro-rated and are nonrefundable.		FEE(s)
Please choose: <input type="checkbox"/> NEW TEMP VENDOR <input type="checkbox"/> PREVIOUSLY LICENSED		APPLICATION FEE \$ 10.00
PART-TIME ESTABLISHMENT	TEMPORARY VENDOR	INSPECTION FEE(S) \$
<input type="checkbox"/> Facilities (single location/unit, no menu changes) used less than 25 days per year and seasonal vendors \$ 30.00	<input type="checkbox"/> One Day \$ 10.00	OTHER FEE + \$
	<input type="checkbox"/> Two or Three Days \$ 15.00	TOTAL AMOUNT PAID \$
	<input type="checkbox"/> Four to Seven Days \$ 25.00	

B APPLICANT INFORMATION

Select one option from A and B below that best describes the applicant:		Please check box that best represents this business:	
A <input type="checkbox"/> Owner/Mgr of a licensed full time food service	<input type="checkbox"/> Private Party	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Community Kitchen
B <input type="checkbox"/> On-site Preparation Only		<input type="checkbox"/> Grocery/Convenience Store	<input type="checkbox"/> Public School booth
<input type="checkbox"/> Off-site Preparation- Attach license for location and description of prep methods		<input type="checkbox"/> Lounge/Club/Gaming Espresso	<input type="checkbox"/> Child/Adult Care Facility
<input type="checkbox"/> On & Off Preparation- Attach license for location and description of prep methods		<input type="checkbox"/> Mobile Unit - limited operations	<input type="checkbox"/> Government or Nonprofit
<input type="checkbox"/> Catering- Full time business. Some/all prep at licensed business location		<input type="checkbox"/> Mobile Unit- fully contained	<input type="checkbox"/> Private Party (individual or partners)
<input type="checkbox"/> Catering- On-site Preparation		<input type="checkbox"/> Espresso stand or Coffee bar	<input type="checkbox"/> Food Cart / Kiosk
<input type="checkbox"/> Pre-packaged items only (Resale of chips, crackers, canned & bottled drinks)		<input type="checkbox"/> On-site set up (tables, tent)	<input type="checkbox"/> Other
Establishment Name		Registered Trade Name <input type="checkbox"/> N/A	
Address (Physical location to be licensed)		Owner Name	
City	State	Zip	Business Telephone Number () -
Applicant Mailing Address (Street or Route, P.O. Box, Suite # - Do not use building name)			
City	State	Zip	Alternate Phone Number () -
WA State Unified Business ID Number (WA UBI #)	Federal I.D. Number (FIN)	Email	

C FACILITY OPERATIONS

DO NOT OPEN / OFFER FOOD SERVICE PRIOR TO SATISFACTORY INSPECTION: Please allow 3-4 weeks for plan review and inspection(s). Applicant is responsible for scheduling the pre-opening health inspection with the Tulalip Health Inspector. To schedule your inspection, call 360.716.4209.

List all suppliers food will be purchased from for this event (Name, City, ST): _____

Describe your temp hand washing facilities (Soap, paper towels and warm water must be supplied): _____

How will electricity be provided to your operations? _____

Describe how solid and liquid waste will be disposed of: _____

Sewage Disposal: <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> ON-SITE Attach brief description	Water Source for hand and dishwashing: <input type="checkbox"/> CONNECT TO PUBLIC WATER <input type="checkbox"/> ONSITE WATER FAUCET <input type="checkbox"/> WELL <input type="checkbox"/> OTHER Attach brief description
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HOURS OF OPERATION	Th _____ to _____	Total # of Employees: _____	Waiters: _____
M _____ to _____	F _____ to _____	Food Handlers: _____	Deliverers: _____
T _____ to _____	S _____ to _____	Managers: _____	Other: _____
W _____ to _____	Su _____ to _____		

D SUPPLEMENTAL DOCUMENTS

Submit the following with application: Items marked with an **(M)** indicate mandatory supplemental document. Other items may be required depending on your operations; please attach as necessary.

- 1) Food Permit and Special Event applications and fees **(M)**
- 2) Food Handler Cards **(M)**
- 3) Proof of Certificated Food Protection Manager(s)
- 4) Equipment Schedule - must include equipment name, category, manufacturer, model number, and quantity **(M)**
- 5) Copy of current menu – indicate if menu changes seasonally; provide sample or explanation
- 6) Employee Sanitation Safety Plan
- 7) Colored photo of vehicle, vehicle plates, and L&I plate
- 8) Proof of other required licenses or authorizations (Off-site prep, commissary, landowner consent)
- 9) Sketch or layout (table, tent, or kiosk) or floor plans (push cart, mobile unit) ; CAD design preferred **(M)**

Food Permit App

Food Permit App

PLEASE MAKE SURE YOUR OPERATIONS HAVE APPROPRIATELY RATED FIRE EXTINGUISHERS WITH CURRENT TAGS

E FOOD ITEMS AND INGREDIENTS

ALL food must be prepared **on site** or in an approved Food Service Establishment (commissary), not a home kitchen or other unlicensed facility. Your application must include a letter from the Food Service Establishment Owner indicating proof of storage and listing what they prepare for you, contact information, and a copy of the last inspection by the local health authority. Please allow two (2) weeks for plan review and inspection(s). Applicant is responsible for scheduling the pre-opening health inspection with the Tulalip Health Inspector. To schedule your inspection, call 360.716.4211. Please supply information about your ingredients and how they will be purchased.

Will any food or drink be prepared prior to the event such as washing produce, cutting meats and vegetables, marinating meats, rolling, shaping, stuffing foods, and /or cooking? **Yes** **No** - Provide a copy of license for establishment where food is prepared.

FOOD ITEMS AND INGREDIENTS

List all meats, dairy, produce, and other non-shelf stable food items and ingredients included in your menu offerings.
Check all that apply for each item

	RAW	PRE-COOKED	PRE-PORTIONED	FROZEN	READY TO EAT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of Ice: _____
 Source of drinking water: _____

F HANDLING, TEMPERATURE CONTROL METHODS

DO NOT OPEN / OFFER FOOD SERVICE PRIOR TO SATISFACTORY INSPECTION. Licensed vendors permitted by another local jurisdiction may request waiver of inspection. Please contact our office for additional details.

Food booth must be completely set up prior to inspection for permit.
NO food preparation is allowed in the booth until permit is issued.

Describe how equipment and utensils will be washed and sanitized: *If offsite, provide a copy of license and agreement for establishment where sanitation occurs

For each day of participation in event, will you unit be allowed to return to your commissary for servicing and restocking? YES NO N/A

If No or N/A, please describe proposed method for servicing and restocking:

How Will Potentially Hazardous Food be Thawed?

Thawing method:	<i>less than 1" thick</i>	<i>more than 1" thick</i>
Refrigeration (41° & below)	<input type="checkbox"/>	<input type="checkbox"/>
Continuously running water (70° & below)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave & immediately cooked	<input type="checkbox"/>	<input type="checkbox"/>
Cook from frozen	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Explain how food will be handled during transport. Indicate the distance to travel with food product and time of transit: _____

Cooking & Reheating Potentially Hazardous Food

List all cooking & reheating equipment and check all applicable boxes:

Equipment Name:	Cooking	Reheating	Frying	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hot and Cold Holding of Potentially Hazardous Food

List all hot & cold holding equipment and check all applicable boxes.

Equipment Name:	Hot	Cold
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Eliminating contact with food with bare hands:

Disposable Gloves Utensils Bakery Tissue
 Other _____

Method for cooling food (45°): Ice Bath Refrigerator at 2" to 4" Depth

Other: _____
 Will ice be used as a refrigerant for potentially hazardous foods? No Yes
 If yes, describe food types, duration, and where this will occur: _____

G ADDITIONAL INFORMATION

INDIAN TRADERS LICENSE

For information pertaining to Indian Trader's Licenses, please visit/ contact the Bureau of Indian Affairs, Puget Sound Agency at: 2707 Colby Avenue, Suite 1101, Everett, WA 98201 - (425) 258-2651

SUPPLEMENTARY DOCUMENT REQUIREMENTS

The Tax & Licensing Division may require proof of insurance, tribal enrollment, certification, permits, contracts, local, county, state, and federal licensure, vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Title 10.10

HEALTH INSPECTIONS: All new food facilities and vendors must pass inspection by the Tulalip Tribes Environmental Health Inspector BEFORE providing any services that include food and/or beverage items for human consumption. Established facilities and vendor are subject to an annual inspection upon expiration of any permit or license issued pursuant to Tulalip Food Service Sanitation Title 11 #11.20.

H SIGNATURE REQUIRED *(Sole proprietor, partner(s), corporate officer(s), limited liability manager(s), or member(s))*

Your signature attests to the accuracy of the information provided and that your business will comply with all applicable Tribal and Local Laws

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:

I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE TULALIP TRIBES AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.

Signature X	Printed Name	Title	Date
Application prepared by <i>(Indicate if prepared by other than authorized owner, officer, manager, or member)</i>		Phone () -	
Signature of Preparer X		Title	Date