TEMPORARY FOOD ESTABLISHMENT APPLICATION

ΑI	PPLICANT/BUSINESS CONTA	CT II	NFORMATION:								
Oı	ganization/Business Name:										
Main Contact: Email:											
					State:Zip:						
					Fax :						
					hone:						
Pl	JBLIC EVENT INFORMATION:	Nar	ne of Public Event:								
Fo	od Service Start Date:/_		/ Serving Start Time:		_ AM/PM						
En	ding Date:/E	nd T	ime: AM/PM								
W	nen will food preparation begin?	Da	te:/Starting	Tim	ie:AM/PM						
Ev	ent Location (Name & Address):										
1	f Applicable, Non Profit Tax ID #	<u> </u>									
<i>A</i>	I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE. Applicant Name (Print)										
Applicant Signature: Date:											
Es	timated Number of Meals to be	e Se	rved Each Day:								
	UIPMENT LIST:										
			ary food establishment. Check a	III bo	xes that apply.						
A	Hand Wash Station Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket Hand sink Self-contained portable unit Other		Cooking/Reheating Equipment Grill/BBQ Fryer Oven Roaster Other	0000000	TOO OFFICE BOOK WITH FOC						
	Floor/Overhead Protection* Food is prepared & served indoors Floors are cleanable and Impermeable Describe: Canopy/tent Screening Other		Cleaning/Sanitizing Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer) Extra utensils Bucket with sanitizing solution and wiping cloth(s) Sanitizer	F0 0000	Other Chemical test strips to test sanitizer solution Metal stem thermometer Gloves Hair restraints Electricity available Water source (circle all that apply) Municipal/City Water Well Bottled						

^{*}If extensive food handling occurs, it must be done in a fully enclosed space.

FOOD PREPARATION AND MENU:

Only food and beverage items listed will be approved to serve. Approval for any changes must be requested before the event.

N Hot holding equipment used?	Steam table	To the state of th	To the state of th	A SAMON A A A	The state of the s		And a second playments of the	**************************************
M Cooling? *2	N _o	77 7	Miner		may vetering	· ·		P P I P P P P P P P P P P P P P P P P P
L Cooking/reheating equipment used? Final cook/reheat temperature?	Grill, 155 °F	The contract of the contract o	- Community					
K Cold holding equipment used at event?	On-site refrigerator	- The same of the						
Transport to event? (Hot or Cold, What type of equipment for transport)	Cold, Ice Chest	- Particular and American	And a summarian					
On-Site Prep Yes/No	Yes							
H Off- Site Prep Yes/ No *1	%							
G Food Source	Gordon Food Service		The state of the s					
Food	Example: Hamburger							

^{*1 –} IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT) *2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

Receipt Number:		
Amount Paid:		
FOR LOCAL HEALTH DEPARTMENT USE: Notes:		

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must be reviewed and approved by the health department. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Signature of Licensed Facility Owner/Operator to use Date(s) Licensed Facility will be used for this event: Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information: COMMENTS: APPROVED For Office Use Only Licensed Food Service Operator/Owner Other: Dry Food Storage Food Preparation Name & Address of Licensed Facility Used DENIED Warewashing Cold Food Storage ರ Approved Water Supply Cooking allow Date Time of use: _ Waste water Disposal Cooling Food Organization AM/PM to Facility License Number AM/PM **Hot Holding**