**Application for Temporary Food Establishment Approval**

**Directions:** The operator/manager of each temporary food establishment (TFE) site must complete this application. The application must be completed and submitted to Public Health at least 14 days before an event involving five or fewer booths and 30 days prior to an event involving more than five food booths. If granted approval for operation, the sanitary guidelines for temporary food booth operations must be read and signed by all persons that will work in the food booth. The guidelines and personnel listing must be in the food booth at all times.

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Temporary Food Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Operator/Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time TFE will be set up and ready for inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. NOTE: Any changes to the menu must be submitted to Public Health and approved at least 10 days prior to the event.

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2. Describe how and where all food items will be prepared.

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3. Describe (be specific) how frozen, refrigerated, or hot foods will be transported to the TFE.

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4. Describe how food temperatures will be monitored during the event.

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5. Identify the sources of **all** food products, including ice and beverages.

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6. Describe the location, set-up, and procedure for hand washing.

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7. Identify the source of the potable water supply and describe how water will be stored.

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8. Describe how and where utensil washing will take place (or state single-use utensils only).

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9. Describe how and where wastewater from hand washing and utensil washing will be collected, stored, and disposed.

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10. Describe the types of garbage disposal containers that will be used and where garbage will be disposed.

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Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Public Health will nullify final approval.

Signature(s): \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVAL SHEET**

Final approval for the temporary food establishment requires complying with all statements written above as well as the guidelines for temporary food booth operations and the guidelines given by Public Health. A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with Public Health and the Food and Drug Administration (FDA) Food Code. Public Health will also conduct periodic inspections to ensure all standards are met.

APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISAPPROVAL: \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for Disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Public Health Reviewer Signature Date