

TEMPORARY FOOD FACILITY (TFF) COMMUNITY EVENT APPLICATION

(Applications submitted less than 14 calendar days prior to the start of event will be subjected to an expedited processing fee)

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFF OPERATOR INFORMATION	EVENT INFORMATION
Name of Facility:	Event Name:
Name of Owner and DBA:	Date(s) of Event:
Mailing Address:	Event Address:
Contact Information:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Organizer's Name:	Hours of TFF Operation (include time set-up will begin):
On-site (Person-in-Charge) Contact:	Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Food Cart
On-site Contact Cell Phone:	# of Food Employees:

FOOD OPERATION

Pre-packaged food only Pre-packaged with sampling Food Demonstration
 Food Preparation (All food preparation is to be completed within the food booth or at a permitted food facility)

Type of permit requesting: Single Event Site-Specific Annual Event

FOOD BOOTH CONSTRUCTION

All food booths require overhead protection and a cleanable floor. Food preparation booths must be enclosed.

Overhead Covering: Canvas Wood Other: _____
 Floor: Asphalt Concrete Wood Other: _____
 Walls: Screens Canvas Wood Other: _____
 Booth supplied by: TFF Operator Event Organizer Rent from: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Date Application Received:	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (See reason below)	Reviewer Signature
		Date:
Health Fee:	Late Fee:	Total Fees:
Permit Restrictions:		

LIST ALL FOOD & BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY

Attach additional pages as necessary

Food Item	Prepackaged (Y or N)	Identify type of preparation at other location**	Identify type of preparation at booth: (assembly, portioning, cooking, etc.)

****For food items that will be prepared at another location complete the below information and attach a copy of the food facility's permit.**

Food Facility Name:	Name of Permit Holder:
Address and City:	Permit Contact Number:

Method of food temperature control during transportation:

HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot (135°F) or cold (41°F)

Cold Holding	<input type="checkbox"/> Mechanical Refrigerator <input type="checkbox"/> Ice Chest <input type="checkbox"/> Cold Table <input type="checkbox"/> Other (Specify):
Hot Holding	<input type="checkbox"/> Steam Table <input type="checkbox"/> Chaffing Dishes <input type="checkbox"/> Electric Warmer <input type="checkbox"/> Other (Specify):

I agree to voluntarily destroy any and all potentially hazardous food(s) held at 45°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency. _____ Initial

EQUIPMENT/UTENSILS

Will multi-use kitchen utensils be used inside the booth for preparation?

Yes (complete Utensil Washing section and Liquid Waste section) No

Utensil Washing

Three compartment sink within food booth Shared three compartment sink provided by Organizer

Sanitizer to be used (test strips must be available to test sanitizer concentration)

Chlorine Quaternary Ammonia Iodine

Customer utensils must be single service and disposable.

Identify all equipment that will be used for food preparation at the food booth:

Barbecue Grill Range Burner Deep Fryer Griddle Mixer/Blender

Other (Specify): _____

FOOD PROTECTION

Identify methods of protecting foods from customer contamination:

- Sneeze Guards Hinged Chafing Dishes Individual portion samples
 Other (Specify): _____

HANDWASH FACILITIES

Handwashing facilities provided by:

- Event Coordinator
 Food Booth Operator

Hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks

Type of handwashing facility that will be used:

- Gravity-fed warm water (100°F) with spigot and catch basin
Waste water must be properly disposed; may be approved for events that operate for three days or less
 Self-contained portable unit (with potable water and waste water holding tanks)
 Permanently plumbed with hot and cold water under pressure

FACILITY REQUIREMENTS

Electrical Supply

Provided by :

- Event Coordinator
 Booth Operator

 Refrigerator or Freezer available
 Lighting available

Toilet Facilities for Food Employees

Provided by :

- Event Coordinator
 Booth Operator

Refuse Removal

Provided by :

- Event Coordinator
 Booth Operator
Identify responsible party for waste removal:

Liquid Waste Removal

Provided by :

- Event Coordinator
 Booth Operator
Identify responsible party for liquid waste removal:

Frequency of liquid waste removal: _____ per day

Temporary Food Facility Operator Acknowledgment

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.

I acknowledge I have read and understood the Temporary Food Facility requirements provided. I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate at the event.

APPLICATION COMPLETED BY:

Print Name: _____ Cell Phone: _____

Signature: _____ Telephone: _____