

## APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

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

TFE OPERATOR INFORMATION	EVENT INFORMATION
Name of Owner and DBA:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Contact Information:	City:
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Hours of TFE Operation (include time set-up will begin):
Event Organizer's Name:	Date(s) of Event: Anticipated Maximum Attendance at Peak Time: _____
On-site (Person-in-Charge) Contact:	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
On-site Contact Cell Phone:	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.			
List Menu Item	Prepackaged	Prepared on site	Prepared at Other Location**

**\*\*For food items that will be prepared at other location provide the following information and obtain required signature from approved food establishment:**

Food Establishment Name	Name of Permit Holder
Address and City	Permit #
Signature of Permit Holder	Contact #

## TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS

### Booth Construction

Overhead Covering  Canvas  Wood  Other: \_\_\_\_\_  
 Floor  Asphalt  Concrete  Wood  Other: \_\_\_\_\_  
 Walls  Screens  Concrete  Wood  Other: \_\_\_\_\_  
 Booth supplied by:  TFE Operator  Event Organizer  Rent from: \_\_\_\_\_

**Sketch the general layout of the Temporary Food Establishment on page 3 of this application.**

### Utensils and Equipment

Single-serve eating and drinking utensils  
 Multi-use kitchen utensils  
 Type of Utensil Washing Set Up:  
 Three basin set-up  
 Shared three compartment sink  
 Three compartment sink within a food establishment  
 Sanitizer to be used:  
 Chlorine  Quaternary Ammonia  Iodine

### Handwashing Facilities

Provided by :  Event Coordinator  FE Operator  
 Type of handwashing facility:  
 Gravity-fed water with spigot/bucket  
 Self-contained portable unit (with potable water and waste water holding tanks)  
 Plumbed with hot and cold water under pressure  
***Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.***

### Food Storage or Display Equipment

Identify all holding equipment that will be used:

### Toilet Facilities for Food Employees

Provided by :  Event Coordinator  FE Operator

### Cooking Equipment

Identify all cooking equipment that will be used:

### Electrical Supply:

Refrigerator or Freezer available  
 Lighting available

### Food Transportation

Identify how food will be transported to event:

### Refuse Removal

Identify responsible party for waste removal:

### Food Employees

Certified Food Manager available  Yes  No  
 Name: \_\_\_\_\_

### Liquid Waste Removal

Identify responsible party for liquid waste removal:

# of food employees: \_\_\_\_\_

Frequency of liquid waste removal: \_\_\_\_\_ per day

A temporary food establishment permit will not be issued unless this application meets all local applicable requirements and those found in the FDA Model Food Code as summarized in the Temporary Food Establishment 2011 Final Document and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishment.

Applicants Name (Print): \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

### DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No* See reason below	Risk Category <input type="checkbox"/> Food Service Type 1 <input type="checkbox"/> Food Service Type 2 <input type="checkbox"/> Food Service Type 3	Reviewer Signature/Title: _____/_____ Date: _____
--	---	---

\*Reason(s) for Disapproval:


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities (if not using shared facilities)
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a temporary food establishment layout. The box is currently blank.