



COMMUNITY EVENT TEMPORARY FOOD FACILITY APPLICATION

(*Submit 30 days in advance of the event)



*Application submitted less than 14 calendar days prior to the start of the event will be subjected to an expedited processing fee.

Name of Event: _____ Date(s) of the Event: _____ to: _____

Name of Facility: _____ Event Organizer: _____

Facility Operator: _____ Booth #: _____ # of Food Employees: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Event Address: _____ City: _____ Zip: _____

On-site Phone: _____

TEMPORARY FOOD FACILITY TYPE:

Food Booth
 Food Truck
 Food Cart
 Annual Food Booth

FOOD OPERATION TYPE:

Pre-packaged
 Pre-packaged with Sampling
 Food Demonstration
 Food Preparation

FOOD TO BE SOLD/SERVED

All food preparation shall be completed either in the temporary food facility or at an approved food facility.

List food items to be sold/served: (teriyaki chicken, burrito, popcorn, etc.)	Check if commercially pre-packaged: (unopened, original containers)	Identify types of preparation at other locations: (cutting, washing, cooking, etc.)	Identify types of preparation at booth: (assembly, portioning, cooking, etc.)	Identify means of temperature control at booth: (steam table, refrigerator, ice chests, etc.)
	<input type="checkbox"/>			

OFFICE USE ONLY:

Date Received:

Amount Paid:

Invoice #:

Approved By:

FOOD PREPARATION AT OTHER LOCATION

All food preparation must be completed either in the temporary facility or at an approved food facility. Identify any facility where advanced preparation will take place. **An agreement form must be submitted for food preparation at a permitted food facility.**

Name of Facility: _____ PR/Permit #: _____

Address of Facility: _____

Method of food temperature control used during transportation: _____

HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot or cold during hours of operation.

Cold Holding: Mechanical Refrigerator Ice Chest Cold Table
 Other (Specify): _____

Hot Holding: Steam Table Chafing Dishes Electric Soup Warmer
 Hot Holding Cabinet Hot Dog Roller Grill Electric Rice Cooker/warmer
 Other (Specify): _____

At the end of the operating day, all potentially hazardous foods that are held at 45° F **shall be destroyed.**
At the end of the operating day, all potentially hazardous foods held at or above 135° F **shall be destroyed.**

EQUIPMENT/UTENSILS USED

Will multi-use kitchen utensils (knives, scoops, spatulas, bowls, etc.) be used inside the booth for food preparation?
 Yes No

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

Barbecue Grill Range Burner Deep Fryer Griddle Charbroiler Mixer Blender
 Other (Specify): _____

Identify all **utensils** that will be used in food preparation at the food booth:

Multi-use eating and drinking utensils are prohibited (plates, glassware, etc.)

FOOD PROTECTION

Identify methods of protecting foods from customer contamination.

Sneeze Guards Only pre-packaged food or bottled drink
 Hinged chafing dishes Prepared and stored away from the customers Other
(Specify): _____

FOOD BOOTH CONSTRUCTION

Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection.
Pre-packaged food booths require a washable floor and overhead protection.

Floor Material: _____ Wall Material: _____

Ceiling Material: _____ Size of Pass Through Window: _____

SINK REQUIREMENTS

Warewashing sink (one per four temporary food facilities) with hot and cold running water under pressure provided by:

- Event Organizer Pre-packaged only (not required)
 Temporary Food Facility Operator (complete Liquid Waste Disposal section)

***For temporary food facility operating for less than 4 hours adequate supply of spare utensils may be provided in lieu of a warewashing sink.**

Handwashing sink with warm and cold running water provided by:

- Event Organizer Pre-packaged only (not required)
 Temporary Food Facility Operator (Complete Liquid Waste Disposal section.)

Type of handwashing sink:

- Permanently plumbed sink Self-contained portable sink Gravity fed unit

Water Source: _____ **Volume of Water:** _____ Gallons

LIQUID WASTE DISPOSAL

Liquid Waste Removal Provided By: Event Organizer TFF Operator

Method of Liquid Waste Removal: Connected to public sewer Waste tank _____ Gallons

Waste tank maintenance schedule: _____ per day _____ per hour

Provide the name, address and telephone number of Person(s) responsible for removal of liquid waste:

Name: _____

Address: _____

Telephone: _____

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.

Print Name: _____ Signature: _____

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 meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code may result in the disposal of food, suspension of my approval to operate and/or may result in the filing of misdemeanor criminal charges.

I understand that once the application is reviewed, the permit fee is non-refundable, including any expedited processing fee.

Application completed by:

Print Name: _____ Telephone: _____

Signature: _____ Cell Phone: _____