

APPLICATION FOR EXTENDED DAYS TEMPORARY FOOD PERMIT

Permit No: _____

Business Name _____ Owner Name _____

Address _____ City _____ State _____ Zip _____

Business or Owner Phone No. _____ Booth Name (If Different From Business Name) _____

Person In Charge Of Food Safety _____ Person In Charge Phone No. _____

EVENT NAME ▶							
LOCATION ▶	Address:						
EVENT COORDINATOR REQUIRED ▶	Name:						
Beginning Date ▶	MON	TUES	WED	THURS	FRI	SAT	SUN
	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To
Ending Date ▶	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To	Date / / Time To

How will the food booth be covered? (e.g portable awning) _____
 What is your source for electrical power and how much will you need? _____
 What is your source for culinary water? _____
 Where will you dispose of used water? _____
 Do you have the required hand wash station? Low Risk Foods–Gravity Flow System _____ Medium Risk Foods–Pressurized System _____
 How will dishes/utensils be washed, rinsed, & sanitized? (e.g portable sink, wash tubs) _____
 Do you have an accurate thermometer to keep an hourly temperature log? _____
 What protective barrier will be between food and customers? (e.g. table, sneeze guard, distance) _____
 How will utensils be supplied to customers? (e.g. individual packets) _____
 How will you dispose of your trash? _____
 How will you avoid bare hand contact when handling ready-to-eat foods? (e.g. gloves, tongs) _____

Menu Item	Source of Food	Preparation (Where & How)	Cooking Method	Cold Holding 41° F	Hot Holding 135° F	Food Handling
(e.g.) BBQ Beef	Store--Canned	Onsite	Pan on Grill	NA	Steam Table	Tongs

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and waive all objections thereto:

1. This permit is for one temporary food booth at one location and is non-transferable.
2. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
3. During the term of said permit, I and my employees will allow Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension, or revocation of said permit.

Applicant Name (Please Print) _____ Signature of Applicant _____ Date _____

- \$100 Low Risk:** Foods that are not potentially hazardous (e.g. cotton candy, snow cones, popcorn, commercially frozen ice cream)
- \$200 Medium Risk:** Potentially hazardous foods (e.g. hamburgers, cooked rice, tacos, pizza, corn on the cob, ice cream frozen by vendor)
- \$400 High Risk:** Potentially hazardous foods that are cooked, cooled, and/or reheated (e.g. potato salad, tamales, fried rice)

Permit Fee	\$ _____
Late Fee (less than 2 days)	\$ 25 Additional _____
Application Submitted Via Fax	\$ 10 Additional _____
<i>(Out-of-County Vendors Only)</i>	
Open Without a Permit	\$100 Additional _____
Total Amount Due	\$ _____
Payment Date: _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/>

Food Disposal Log Given	Yes <input type="checkbox"/>
Approval By Event Coordinator	Yes <input type="checkbox"/>
Reviewed By _____	
Date Reviewed _____	
Permit Number _____	