

APPLICATION FOR TEMPORARY FOOD - SAMPLING PERMIT

Business Name _____ Owner Name _____

Address _____ City _____ State _____ Zip _____ Phone # _____

Booth Name (If different Than Business Name) _____ Number Of Booths _____

Person In Charge Of Food Safety _____ Phone # For Person In Charge _____

NAME OF EVENT ▶	Daytime Phone Number:						
	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
LOCATION ▶	Address: _____ City: _____						
EVENT COORDINATOR REQUIRED ▶	Name: _____						
DATES ▶ and TIMES ▶	Date ____/____/____ Time ____ To ____	Date ____/____/____ Time ____ To ____	Date ____/____/____ Time ____ To ____	Date ____/____/____ Time ____ To ____	Date ____/____/____ Time ____ To ____	Date ____/____/____ Time ____ To ____	Date ____/____/____ Time ____ To ____
Hours Food Will Be Served/Sold	DAY 8 Date ____/____/____ Time ____ To ____	DAY 9 Date ____/____/____ Time ____ To ____	DAY 10 Date ____/____/____ Time ____ To ____	DAY 11 Date ____/____/____ Time ____ To ____	DAY 12 Date ____/____/____ Time ____ To ____	DAY 13 Date ____/____/____ Time ____ To ____	DAY 14 Date ____/____/____ Time ____ To ____

- ▶ How will the food booth be covered? (e.g. portable awning) _____
- ▶ 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 dishes/utensils be washed, rinsed, & sanitized? (e.g. portable sink, wash tubs) _____
- ▶ How will workers wash their hands? _____

AT LEAST ONE WORKER WITH A FOOD HANDLER CARD MUST BE PRESENT AT ALL TIMES

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 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 _____

Reviewed by _____ Date of Review _____ Permit Number _____

PERMIT FEE IS DETERMINED BY TYPES OF FOOD SERVED AND LENGTH OF EVENT
ADDITIONAL FEES CHARGED FOR VENDING FOOD WITHOUT A PERMIT

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

Circle Fee Amount	Low Risk	Medium Risk	High Risk
1 - 6 Day Event	\$ 50	\$ 75	\$100
7 - 14 Day Event	\$ 75	\$150	\$200
Multiple Events	\$100/yr	\$200/yr	\$400/yr
Sampling (Ag Permitted)	\$ 25/yr	NA	NA
Farmers Market	Fees not included on this fees schedule. Complete an Extended Days Application.		

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