



## 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<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: \_\_\_\_\_