



DEPARTMENT OF HEALTH

APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

NAME OF EVENT: \_\_\_\_\_

DATE/TIME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

NAME OF FOOD BOOTH & OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SHIFT SUPERVISORS: \_\_\_\_\_

\_\_\_\_\_

1. LIST ALL FOODS & BEVERAGES THAT WILL BE SERVED ON A SEPARATE SHEET (INCLUDE CONDIMENTS)

2. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? NAME OF ESTABLISHMENT? \_\_\_\_\_

3. HOW WILL COLD FOOD BE KEPT COLD? (BELOW 41° F (examples: meats, poultry, seafood, & dairy products) \_\_\_\_\_

4. HOW WILL HOT FOOD BE KEPT HOT? (ABOVE 135° F) (examples: cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc) \_\_\_\_\_

\_\_\_\_\_

5. DESCRIBE HANDWASHING FACILITY INSIDE BOOTH: \_\_\_\_\_

\_\_\_\_\_

6. LOCATION OF EMPLOYEE TOILET FACILITY: \_\_\_\_\_

\_\_\_\_\_

7. HOW WILL UTENSILS, CUTTING BOARDS, ETC. BE SANITIZED? \_\_\_\_\_

\_\_\_\_\_

8. HOW WILL THE WASTEWATER FROM THE HANDWASHING FACILITY/WASH-RINSE-SANITIZE STATION BE DISPOSED? \_\_\_\_\_

\_\_\_\_\_

APPLICATION REVIEWED BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_