

APPLICATION FOR TEMPORARY RESTAURANT PERMIT

(PLEASE PRINT OR TYPE)

DATE: _____

NAME OF ORGANIZATION/INDIVIDUAL: _____

ADDRESS: _____

ORGANIZATION REPRESENTATIVE: _____

TELEPHONE NUMBERS: (W) _____ (H) _____

EVENT: _____

EVENT LOCATION: _____

DATE(S) OF OPERATION: _____ TIME(S) _____ TO _____

TYPE OF FOOD FACILITY: _____
(Beverage Wagon, Booth, Kitchen, Tent, etc.)

Please provide the following information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service _____ Sewage Disposal _____

Solid Waste Disposal _____ Liquid Waste Disposal _____

LIST ALL FOOD AND BEVERAGE ITEMS BELOW

FOOD/ BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED
Example: Hot Dogs	Supermarket	Joe's Restaurant or on site	Boiled in large pot on gas grill using tongs

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FOOD/ BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED

HAND- WASHING METHODS	CONDIMENTS HOW SERVED	LIST ALL UTENSILS HOW CLEANED DESCR. SANITIZER	REFRIGERATION TYPE	LIST ALL COOKING EQUIPMENT
Ex: Container with free flow spigot, soap, paper towels	Pre-packaged mustard, catsup, etc. or squirt bottles (no open containers)	Ex: tongs, knife, scoop Wash-rinse-sanitized (bleach and water sanitizer 50-100ppm)	Reach-in refrigerator, cooler with ice (Food 41F° or colder)	Electric grill, steam table, deep fat fryer, hot plate

PLEASE CALL THIS OFFICE PRIOR TO THE EVENT TO VERIFY THE STATUS OF YOUR APPLICATION. PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN YOUR APPLICATION. (i.e., ADDITIONAL MENU ITEMS, ETC.)

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements, including payment of fees as may apply. I understand that failure to comply may result in a permit not being issued or permit suspension, as per 12 VAC 5-421 Board of Health Food Regulations, effective March 2002, and as may be amended.

Operator

Date