**THOMAS JEFFERSON HEALTH DISTRICT**

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| **Health Department Office** | **Address** | **Phone Number** | **Fax Number** |
| Charlottesville/Albemarle County | 1138 Rose Hill Drive, PO Box 7546, Charlottesville, VA, 22906 | 434-972-6219 | 434-972-4310 |
| Fluvanna County | 132 Main Street, PO Box 136, Palmyra VA, 22963 | 434-591-1965 | 434-591-1966 |
| Greene County | 50 Stanard Street, PO Box 38 Stanardsville, VA, 22973 | 434-985-2262 | 434-985-4822 |
| Louisa County | 1 Woolfolk Avenue, Louisa, VA, 23093 | 540-967-3707 | 540-967-3733 |
| Nelson County | 4038 Thomas Nelson Highway, Arrington, VA, 22922 | 434-263-4893 | 434-263-4304 |

**TEMPORARY FOOD ESTABLISHMET PERMIT APPLICATION**

**TO BE SUBMITTED A MINIMUM OF** **10 DAYS PRIOR TO EVENT**

A Coordinator Application is a prerequisite to issuing temporary food establishment permits. **Temporary food establishment permits will not be issued without the submission of a Coordinator Application.** Please ensure you have contacted the Event Coordinator and they have submitted a Coordinator Application for the event you are participating in.

**In accordance with the *Virginia Food Code Regulations* (12VAC5-421-3670), the Thomas Jefferson Health District will not approve any applications (Coordinator or Temporary Food Establishment) submitted less than 10 calendar days before the start of the proposed event.**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers: (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Coordinator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Coordinator’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Food Facility: **[] Mobile Food Unit [] Permitted Restaurant [] Tent [] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor Fee** - $40 per event to a maximum of $40 a calendar year (include a copy of receipt with application).

**OFFICE USE:** Fee Status: [] Normal [] Exempt [] Not Applicable

[] Check No. \_\_\_\_\_\_\_\_\_\_\_ [] Cash [] Credit Card \_\_\_\_\_\_\_\_\_\_\_ Amount Collected: $\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**There are no fees for an exempt organization/group such as churches, fraternal, school and social organizations and volunteer fire departments and rescue squads.**

If as an individual, do you live in the city or county in which the event takes place? **[] Yes [] No**

If as an individual, will you participate in more than one event this calendar year? **[] Yes [] No**

Have you ever had a Health Department inspection? **[] Yes [] No**

Date of Last Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name and Location Where Inspection Occurred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Please attach a copy of the inspection with this application. This will facilitate faster processing and permitting of your application.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food, Beverages and Equipment:**

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| --- | --- | --- | --- |
| Food/Beverage Serving | Where is food purchased? | Where is food prepared (on site at event, in organization’s kitchen, at a permitted facility) | Methods of food preparation  (cooking, holding) |
| **Example:** *Hamburger, onions, iced tea* | **Example:** *local market, food distributor* | **Example***: on site, church kitchen, restaurant* | **Example:** *Cooked to 170o F, held in pan on grill. Washed, sliced and held in cooler.* |
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(***Please attach page 4 if additional space is needed)***

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| --- | --- | --- | --- | --- |
| Method of hand washing | Condiments offered & how served (prepackaged, bulk containers) | List utensils used and how they will be cleaned, and type of sanitizer used | Types of refrigeration (coolers, refrigerator, freezer, etc.) | Cooking Equipment |
| **Example:**  *Soap, hot water, towel, catch basins.* | **Example:** *Prepackaged mustard, catsup, etc.* | **Example:** *Tongs, spatula, knife (3 basin set up for bleach water sanitizer* | **Example:** *Refrigerator, cooler with ice* | **Example:** *Electric grill, steam table, deep fat fryer, hot plate* |
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(***Please attach page 3, if additional space is needed)***

Do you have cooking or reheating equipment that can rapidly heat foods to 1650F or above? **[] Yes [] No**

**NOTE: Crock pots are not acceptable for the cooking or reheating of foods.**

Are thermometers available in each refrigeration unit? **[] Yes [] No**

Are calibrated metal stem thermometers provided to monitor food temperatures? **[] Yes [] No**

Method used to prevent bare hand contact with ready-to-eat foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a food vendor, you are responsible for complying with all of the *Virginia Food Code Regulations*. A copy of the current *Virginia Food Code Regulations* and guideline reference materials for temporary event food set-up and operations can be found at our website at TJHD.org.

**CERTIFICATION**

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in denial of my application for a permit or suspension of my permit, per 12 VAC 5-421-3730 and 12 VAC 5-42-3770, Commonwealth of Virginia Board of Health Food Regulations, January 2010.

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**Signature of Applicant** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Applicant**

**Please submit this page only if additional space is needed**

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