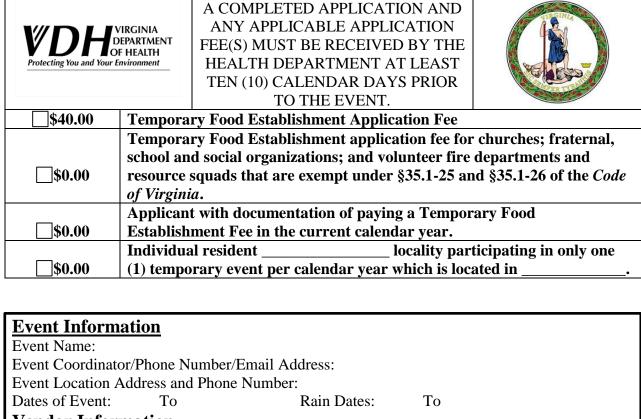
## Temporary Food Establishment Application



## Event Name: Event Coordinator/Phone Number/Email Address: Event Location Address and Phone Number: Dates of Event: To Rain Dates: To Vendor Information Vendor Business Name (include any trade. fictitious or "doing business as" names): Name of Owner: Booth Name (if different from vendor name): Vendor Address: Vendor Phone Number/Email Address: Onsite Person Name and Contact Email and Cell Phone: Set-up Date and Time: Dates of Operation: For Office Use Only Approved by: Signature: Dates

Ver. OEHS. 04/01/17

## **Food Preparation and Menu**

Only the food items listed below will be approved to serve. Any changes must be approved by the local health department prior to the event. List all foods that will be served. Attach additional pages as needed.

Food Item	Purchased Raw or Cooked? On-site or Off-site prep?	Transported hot or cold? What type of equipment used to transport?	Type of cold holding equipment used at event? (41°F or below)	Cooking and/or reheating equipment used? Final cook temp?	Hot holding equipment used at event? (135°F or above)	
Sausage	Raw, On-site	Cold/on ice	Ice Chest	Grill, 175°F	Steam Table	
zemserge	Treem, or site		100 0.000	<i>3,</i> 1, 0 1		
For food it establishm	ems that will be prepared at a ent.	 different location than the eve	ent location include the	e name and location	n of the permitted food	
			Name of Owner/Operator:			
Food Establishment's Physical Address:			Owner/Operator Phone Number:			
Signature of Permit Holder:			ermit Number:	Date:		

Temporary Food Establishment Construction								
Overhead	☐ Canvas	□Wood	Plastic	Other:				
Covering								
Floor:	Asphalt	Concrete	Wood	Other:				
Walls (if applicable):	Screens	Concrete	Wood	Other:				
Water Source  Permitted Waterworks/ Municipal Supply Private Well  Food Grade Hose Provided: Yes No  Utensils and Equipment (check all that apply): Single-Serve eating and drinking utensils Multi use kitchen utensils  Type of Utensil Washing Setup: Three basin setup  Shared three compartment sink(if pre-approved)			Wastewater Disposal (provided by):  Event Coordinator  TFE Operator  Disposal Method:  Handwashing Facilities (provided by):  Event Coordinator  TFE Operator  Type of Handwashing Facilities  Self-contained portable unit (with potable water and wastewater holding tanks)  Plumbed with hot and cold water under pressure					
Three compartmestablishment  Utensil sanitizer to Quaternary Am	be used:	Chlorine	Gravity-fed water with spigot/bucket  Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.					
<b>Food Storage or Display Equipment:</b> Identify all holding equipment (hot/cold) that will be used:			Cooking Equipment: Identify all cooking equipment that will be used:					
Toilet Facilities for Event Coordinat TFE Operator Method (if not provided)	tor	yees:	Electrical Supply:  Refrigeration or Freezer available Lighting available					
Food Transportation be transported to every series of the transported to every series of the transportation of		ow food will	Refuse Removal (provided by):  Event Coordinator  TFE Operator  Method (if not provided by the event):					
I understand that a temporary food establishment permit will not be issued until it is verified that the application and information contain herein meets the Board of Health Food Regulations (Food Regulations) under 12 VAC5-421 et seq., any other pertinent local laws or ordinances, and has been signed and approved by the local health department I attest to the accuracy of the information provided and agree to comply with the Food Regulations as it pertains to the operation of a temporary food establishment. I agree to allow access to the establishment during hours of operation and other reasonable times.								
Applicant Name:	Applicant Name:Signature:							

This form contains identifying information subject to disclosure per the Virginia Freedom of Information Act (Virginia Code § 2.2-3700 et seq.)