



PORTSMOUTH HEALTH DEPARTMENT
 Environmental Health Services
 1701 High Street, 4th Floor, Portsmouth, VA 23704
 Phone (757) 393-8585, extension 8585
 Fax (757) 393-8027

TEMPORARY FOOD PERMIT APPLICATION

The person named below is applying for a temporary food permit in accordance with the City of Portsmouth Code of Ordinances, **Chapter 15.1** and the *FDA Food Code*. This application must be submitted at least ten (10) days prior to the event. A permitted vendor must also submit a copy of their permit, as well as a copy of the last inspection report, with this application. **The sale of any home prepared or canned foods is prohibited except by those organizations specifically exempted under FDA Food Code.**

Vendor Information

Business Name _____ Phone _____
 Name of Owner _____ Email Address _____
 Address _____
 Certified Food Manager (Last, First) _____

Event Information

Event _____ Date(s) of Operation _____
 Location of Event _____ Time of Set-up _____

MENU

(CHANGES TO THE MENU MUST BE APPROVED BEFORE THE EVENT)

FOOD	SOURCE (where purchased)	PREPARATION (Where & how, ex: cooked on grill) (No home preparation allowed)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____

Temporary Food Establishment Construction

Overhead Covering:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:
Floor (grass/dirt surfaces must be covered):	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Tarp	<input type="checkbox"/> Other:
Walls (if applicable):	<input type="checkbox"/> Screens	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
Water Source		Wastewater Disposal (provided by):		
<input type="checkbox"/> Permitted Waterworks/ Municipal Supply <input type="checkbox"/> Private Well Food Grade Hose Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Vendor Disposal Method:		
Utensils and Equipment (check all that apply):		Handwashing Facilities (provided by):		
<input type="checkbox"/> Single-Serve eating and drinking utensils <input type="checkbox"/> Multi-use kitchen utensils		<input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator		
Type of Utensil Washing Setup:		Type of Handwashing Facilities:		
<input type="checkbox"/> Three basin set-ups <input type="checkbox"/> Shared three-compartment sink (if pre-approved) <input type="checkbox"/> Three-compartment sink within a food establishment		<input type="checkbox"/> Self-contained portable unit <input type="checkbox"/> Hot and cold water under pressure <input type="checkbox"/> Gravity-fed water with spigot/bucket		
Utensil sanitizer to be used:		<i>Hand soap, single-use towels and a trash receptacle shall be provided at all handwashing sinks.</i>		
<input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Other: _____				
Food Storage or Display Equipment: Identify all holding equipment (hot/cold) that will be used:		Cooking Equipment: Identify all cooking equipment that will be used:		
Toilet Facilities for Food Employees:		Electrical Supply:		
<input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Vendor		<input type="checkbox"/> Refrigeration or Freezer available <input type="checkbox"/> Lighting available		
Food Transportation: Identify how food will be transported to events:		Trash Removal (provided by):		
		<input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Vendor		

NO SMOKING, EATING OR DRINKING IN FOOD PREP AREAS!

Please provide an overhead sketch of the food booth/stand equipment placement for the following:

- all cooking equipment
- all food preparation tables
- all refrigerators/coolers/freezers
- all hot holding equipment (if applicable)
- dry goods/paper products storage
- wash/rinse/sanitize station
- hand washing station
- include any equipment that will not be placed under the booth's overhead cover
- note if additional on-site food storage is used (i.e. trucks, vans, storage units)

Sketch (Please label equipment):

By signing this permit/application, I do hereby agree to comply with the rules and regulations as outlined in this application and with the instructions that accompany it. I understand that only the foods listed may be sold. Failure to comply with this and all other requirements may result in a permit not being issued or having the permit suspended and having to leave the event. **Submit this application at least ten (10) days prior to the event.**

Signed _____

Date _____

OFFICE USE:

Reviewed/approved by: _____

Date: _____