




# TEMPORARY FOOD VENDOR PERMIT APPLICATION

 Keeping the Heart of Virginia Healthy  VIRGINIA DEPARTMENT OF HEALTH	A COMPLETED APPLICATION AND ANY APPLICABLE APPLICATION FEE(S) MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST TEN (10) BUSINESS DAYS PRIOR TO THE EVENT. Please return to the office where the event will take place. A event coordinators packet will need to have been submitted to allow for permit issuance.	
<input type="checkbox"/> <b>\$40.00</b>	<b>Temporary Food Establishment Application Fee</b>	
<input type="checkbox"/> <b>\$0.00</b>	<b>Temporary Food Establishment application fee for churches; fraternal, school and social organizations; and volunteer fire departments and resource squads that are exempt under §35.1-25 and §35.1-26 of the Code of Virginia. <u>(Provide a copy of your exemption letter)</u></b>	
<input type="checkbox"/> <b>\$0.00</b>	<b>Applicant with documentation of paying a Temporary Food Establishment Fee in the current calendar year. <u>(Provide a copy of the receipt for the temporary fee payment)</u></b>	
<input type="checkbox"/> <b>\$0.00</b>	<b>Individual resident _____ locality participating in only one (1) temporary event per calendar year which is located in _____.</b>	

**Event Information** (must be completed to process the application)

Event Name: \_\_\_\_\_  
 Event Coordinator/Phone Number/Email Address: \_\_\_\_\_  
 Event Location Address: \_\_\_\_\_  
 Dates of Event: \_\_\_\_\_ To \_\_\_\_\_ Rain Dates: equi \_\_\_\_\_ To \_\_\_\_\_

**Vendor Information**

Vendor Business Name (include any trade, fictitious or "doing business as" names): \_\_\_\_\_  
 Name of Owner/contact for event: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 Vendor Phone Number/Email Address: \_\_\_\_\_  
 Certified Manger Certificate number and expiration date (REQUIRED): \_\_\_\_\_ (please attach certificate)  
 Set-up Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date(s) of Operation: \_\_\_\_\_

<b>For Office Use Only</b>	<b>Approved by:</b>
<b>Signature:</b> _____	<b>Date:</b> _____

<b>Amelia County Health Department</b> 16320 Church Street Amelia, VA 23002 Phone: (804) 561-2711 Fax: (804) 561-2712	<b>Charlotte County Health Department</b> 270 David Bruce Avenue Charlotte Court House, VA 23923 Phone: (434) 542-5251 Fax: (434) 542-4354	<b>Lunenburg County Health Department</b> 11387 Courthouse Rd Lunenburg, VA 23952 Phone: (434) 696-2346 Fax: (434) 696-1271
<b>Buckingham County Health Department</b> 80 Administration Lane Buckingham, VA 23921 Phone: (434) 969-4244 Fax: (434) 969-1292	<b>Cumberland County &amp; Prince Edward County Health Department</b> 111 South Main Street, Ground Floor Farmville, VA 23901 Phone: (434) 392-8187 Fax: (434) 392-1088	<b>Nottoway County Health Department</b> 207 West Courthouse Rd Nottoway, VA 23955 Phone: (434) 645-7595 Fax: (434) 645-8197

**Food Preparation and Menu**

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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	Food will be prepared on-site or at an approved off-site location?	Purchased Raw or Cooked?	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)
<i>Example: Sausage</i>	<i>On-site</i>	<i>Raw</i>	<i>Cold/on ice</i>	<i>Ice Chest</i>	<i>Grill, 175°F</i>	<i>Steam Table</i>

For food items that will be prepared at a different location than the event location include the name and location of the permitted food establishment. (only complete the section below if you are preparing your food in a currently permitted food facility and have been approved by the LHD)

Permitted Food Establishment Name:		Name of Owner/Operator:	
Food Establishment's Physical Address:		Owner/Operator Phone Number:	
Signature of Permit Holder:		Permit Number:	Date:

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## Temporary Food Establishment Construction

<b>Overhead Covering</b>	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:
<b>Floor:</b>	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
<b>Walls (if applicable):</b>	<input type="checkbox"/> Screens	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
<b>Water Source</b> <input type="checkbox"/> Permitted Waterworks/ Municipal Supply <input type="checkbox"/> Private Well		<b>Wastewater Disposal (provided by):</b> <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator		
Food Grade Hose Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disposal Method:		
<b>Utensils and Equipment</b> (check all that apply): <input type="checkbox"/> Single-Serve eating and drinking utensils <input type="checkbox"/> Multi use kitchen utensils		<b>Handwashing Facilities</b> (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator		
<b>Type of Utensil Washing Setup:</b> <input type="checkbox"/> Three basin setup <input type="checkbox"/> Shared three compartment sink (if pre-approved) <input type="checkbox"/> Three compartment sink within a food establishment		<b>Type of Handwashing Facilities</b> <input type="checkbox"/> Self-contained portable unit (with potable water and wastewater holding tanks) <input type="checkbox"/> Plumbed with hot and cold water under pressure <input type="checkbox"/> Gravity-fed water with spigot/bucket		
<b>Utensil sanitizer to be used:</b> <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Other: _____		<i>Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.</i>		
<b>Food Storage or Display Equipment:</b> Identify all holding equipment (hot/cold) that will be used:		<b>Cooking Equipment:</b> Identify all cooking equipment that will be used:		
<b>Toilet Facilities for Food Employees:</b> <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Method (if not provided by the event):		<b>Electrical Supply:</b> <input type="checkbox"/> Refrigeration or Freezer available <input type="checkbox"/> Lighting available		
<b>Food Transportation:</b> Identify how food will be transported to events:		<b>Refuse Removal</b> (provided by): Event <input type="checkbox"/> Coordinator <input type="checkbox"/> TFE Operator (method of removal if not provided)		

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: \_\_\_\_\_ Signature: \_\_\_\_\_

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