



Commonwealth of Virginia

Rappahannock Rapidan Health District

Culpeper County (540) 829-7466 Fax: 540-829-7492 640 Laurel St, Culpeper, VA 22701
 Fauquier County (540) 347-6363 Fax: 540-347-6405 330 Hospital Dr, Warrenton, VA 20186
 Madison County (540) 948-5481 Fax: 540-948-3841 1480 A N Main St. Suite A, Madison, VA 22727
 Orange County (540) 672-1291 Fax: 540-672-1093 450 N. Madison Rd., Orange, VA 22960
 Rappahannock County (540) 675-3516 Fax: 540-675-1021 338A Gay St., P.O. Box 5, Washington, VA 22747

Temporary Food Service Vendor Application

The vendor application(s) must be submitted at least 30 days prior to the date of the event and no less than 10 days prior to the event. The coordinator is responsible for timely submission of all applications. For more information, contact the Health Department. *Incomplete or late applications may impact the food service at the event.

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| A COMPLETED APPLICATION AND ANY APPLICABLE APPLICATION FEE(S) MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE DATE OF THE EVENT AND NO LESS THAN (10) CALENDAR DAYS PRIOR TO THE EVENT. | |
| <input type="checkbox"/> \$40.00 | Temporary Food Establishment Application Fee |
| <input type="checkbox"/> \$0.00 | Check Applicable: <input type="checkbox"/> Churches, fraternal, school and social organizations, and volunteer fire departments and rescue squads that are exempt under §35.1-25 and §35.1-26 of the Code of Virginia. <input type="checkbox"/> Exempt organizations holding an event at their organization's location. |
| <input type="checkbox"/> \$0.00 | Applicant <u>with documentation</u> of paying a Temporary Food Establishment Fee in the current calendar year. |
| <input type="checkbox"/> \$0.00 | Individual resident _____ locality participating in only one (1) temporary event per calendar year which is located in _____. |

Date of Application: _____

1. Event Information

| | |
|---|--|
| Name of the Event (required): _____ | |
| Location & Address of Event (required): _____ _____ | |
| Event Coordinator (required): _____ | Event Coordinator phone (required): _____ |
| Event Coordinator email: _____ | |

| | | |
|---|------------------------------|---|
| <input type="checkbox"/> One Time Event | | |
| Date (s) of Event | Starts on (MM/DD/YY): | at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | Ends on (MM/DD/YY): | at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |

| | | |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Recurring Seasonal Event within the Calendar year (e.g. farmers' market) | Event starts on (MM/DD/YY): | Event ends on (MM/DD/YY): |
| Occurs every: <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat | | |
| From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | | |

2. Vendor Information

| | | |
|--|--------------------------------|--------------------------|
| Vendor Name/DBA (required): _____ | | |
| Contact Person (required): _____ | Phone (required): _____ | Cell Phone: _____ |

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|---|--|------------------|
| E-Mail Address: | Fax: | |
| Mailing Address: | | |
| Name of Person in charge (PIC) of food operation during event (required): | Contact number of PIC for the event (required): | |
| Food Safety Credentials (Certified Food Protection Manager) <u>Attach a copy of certificate (Required)</u> <u>ANSI-CFP Accredited Programs</u> <input type="checkbox"/> Check here if you are exempt based on § 35.1-25B, and 12VAC5-421-55B | | |
| Name: | Certificate Number: | Expiration Date: |

3. Type of Food Facility (Please Check)

| | |
|---|---------------------------------------|
| <input type="checkbox"/> Beverage Wagon | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Push Cart |
| <input type="checkbox"/> Mobile Food Unit | <input type="checkbox"/> Other: _____ |

4. Temporary Food Establishment Construction (Please Check)

| | | | | |
|------------------------------|----------------------------------|-----------------------------------|----------------------------------|---------------------------------------|
| Overhead covering | <input type="checkbox"/> Canvas | <input type="checkbox"/> Wood | <input type="checkbox"/> Plastic | <input type="checkbox"/> Other: _____ |
| Floor | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Concrete | <input type="checkbox"/> Wood | <input type="checkbox"/> Other: _____ |
| Walls (if applicable) | <input type="checkbox"/> Screens | <input type="checkbox"/> Concrete | <input type="checkbox"/> Wood | <input type="checkbox"/> Other: _____ |

(*Public access must be restricted)

5. Water and Waste (Please Check)

| | | | |
|-------------------------------|----------------------------------|---------------------------------|---|
| Source of Water Supply | <input type="checkbox"/> Bottled | <input type="checkbox"/> Public | <input type="checkbox"/> Private Well (Water sample results required) |
|-------------------------------|----------------------------------|---------------------------------|---|

Wastewater Disposal/Refuse Disposal

Liquid Waste Disposal: _____

Garbage/Trash Disposal: _____

Grease Disposal: _____

6. Food Preparation, Menu and Food Source

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 at all events (if recurring). Attach additional pages as needed. No cooling and no leftovers during the event. All food must be prepared on-site or at an approved permitted commissary location. **No home preparation of food is allowed.**

Check all that apply:

- Food preparation will be conducted at an approved permitted food facility (Fill Section 7*)
- Food Preparation will be conducted on-site at the temporary food event

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6. Food Preparation, Menu and Food Source CONT.

| List Individual Foods | Food Source | Purchased raw or cooked? On-site or off-site prep? | Preparation Steps (No home preparation of food) | | | | | | | | Transport (State hot or cold) | Type of cold holding at the event (≥41°F) | Cooking and/or reheating equipment used? Final cook temp? | Hot holding equipment used at event? (135°F or above) |
|-----------------------|------------------|--|---|------|------|-------------------|-------------------|------|--------|--|-------------------------------|---|---|---|
| | | | Thaw | Prep | Cook | Hot Hold (≤135°F) | Cold Hold (≥41°F) | Cool | Reheat | | | | | |
| Example: BBQ Pork | Restaurant Depot | Raw, off-site commissary | | X | X | X | | | X | | Hot | | | Steam table |
| | | | | | | | | | | | | | | |
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7. Permitted Food Establishment Agreement

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.

Permitted Food Establishment Name:

Food Establishment's Physical Address:

Name of Owner/Operator:

Owner/Operator Phone Number:

Signature of Permit Holder:

Date:

Note: Commercial food establishments must be under a current and valid permit by their local regulatory agency. Please attach a copy of the food establishment's permit or license to this application.

Food, including beverages, must be purchased from an approved source. Examples may include a grocery store or a restaurant that has a Health Department permit. Receipts of purchase must be provided to the Health Department for review at the time of inspection upon request. Home prepared foods are not permitted.

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Temporary Food Facility Components (Please Check)

| Handwashing Facilities (provided by): | | Handwashing (Water Dispenser) | Three Basin Warewashing (Wash/rinse/sanitize) | | Sanitizer <i>Test Strips Required</i> |
|---|---|---|---|--|--|
| <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Temp Food Operator | <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 | <input type="checkbox"/> Soap <input type="checkbox"/> Catch basin <input type="checkbox"/> Paper towels <input type="checkbox"/> Trash Receptacle | <input type="checkbox"/> Three basin sink <input type="checkbox"/> Three individual pans | | <input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quat. Ammonium <input type="checkbox"/> Other: _____ |
| Food Handling | | Wiping Cloths | | Cold Holding | |
| <input type="checkbox"/> Single use gloves <input type="checkbox"/> Food grade paper <input type="checkbox"/> Tongs | | <input type="checkbox"/> Disposable sanitizing cloths <input type="checkbox"/> Wet cloths stores in sanitizing solution | | <input type="checkbox"/> Refrigerator with thermometer <input type="checkbox"/> Cooler with ice, drained in catch basin | |
| Equipment | <input type="checkbox"/> Probe Food thermometer <input type="checkbox"/> Cutting board <input type="checkbox"/> Food prep table | <input type="checkbox"/> Gas grill <input type="checkbox"/> Charcoal grill <input type="checkbox"/> Smoker | <input type="checkbox"/> Deep fat fryer <input type="checkbox"/> Microwave <input type="checkbox"/> Hot Plate | <input type="checkbox"/> Steam table <input type="checkbox"/> Crock pot <input type="checkbox"/> Heat Lamp | <input type="checkbox"/> Other: _____ _____ _____ |
| Condiments Served | Utensils and Equipment | | | | |
| <input type="checkbox"/> Mustard <input type="checkbox"/> Ketchup <input type="checkbox"/> Salt & Pepper <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Single-Serve eating and drinking utensils <input type="checkbox"/> Multi-Use Kitchen utensils | | | | |

I/We understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to inspect the facility at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of applicant or person authorized by applicant attesting to the accuracy of this application.

Print Name: _____

Signature: _____

Date: _____