


TEMPORARY FOOD ESTABLISHMENT PERMIT

TO BE SUBMITTED A MINIMUM OF 10 DAYS PRIOR TO EVENT

	BRHD Local Environmental Health Offices		Phone	FAX
	Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903		434-972-6219	434-972-4310
	Fluvanna County, County Office Bldg., PO Box 136, 132 Main Street, 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, 101 Woolfolk Avenue, Suite 203, Louisa, VA 23093		540-967-3707	540-967-3733
	Nelson County, Nelson Heritage Center, 1653 Thomas Nelson Highway, Arrington, VA 22922		434-263-4297	434-263-4304

(PLEASE Print or Type Completing Both Sides of the Form)

Date of Application: _____

Name of Organization or Individual: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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 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.

Are you with an exempt organization as defined above that has a current Blue Ridge Health District Cooking for Crowds Waiver: ☐ Yes ☐ No

Waiver Expiration Date: _____ (Attach a copy of both sides of waiver to application)

Are you participating: as an: ☐ Individual or ☐ Part of a Group or Organization?

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: _____

Have you ever participated in a Temporary Event? ☐ Yes ☐ No Name of Event: _____

Address Location of last Temporary Event: _____ County/City _____



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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:

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 170° F, held in pan on grill. Washed, sliced and held in cooler.

(Please attach page 3, if additional space is needed)

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

(Please attach page 3, if additional space is needed)

Do you have cooking or reheating equipment that can rapidly heat foods to 165°F 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? _____

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 July, 2016 .

Signature of Applicant

Date

Printed Name of Applicant



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Please submit this page only if additional space is needed

Food, Beverages and Equipment:

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Example: <i>Hamburger, onions, iced tea</i>	Example: <i>local market, food distributor</i>	Example: <i>on site, church kitchen, restaurant</i>	Example: <i>Cooked to 170° F, held in pan on grill. Washed, sliced and held in cooler.</i>

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