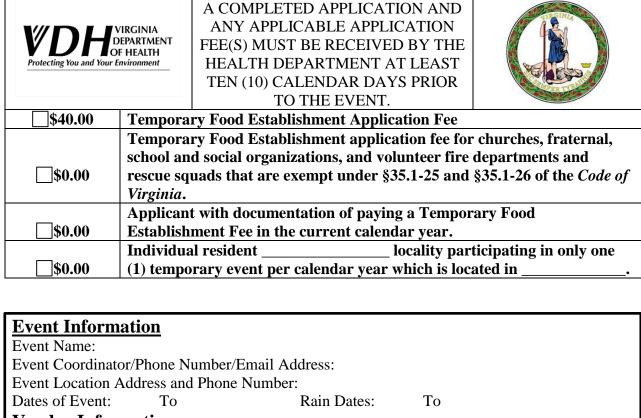
Temporary Food Establishment Application



Event Information 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	
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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	
Permitted Food Establishment Name:			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			Wastewater Disposal (provided by):					
	erworks/ Munici	pal Supply		Event Coordinator				
Private Well			TFE Operator					
Food Grade Hose			Disposal Method:					
Utensils and Equipment (check all that apply):			Handwashing Facilities (provided by):					
Single-Serve ea	ating and drinkir	ng utensils	Event Coordinator					
Multi use kitch	_	is atomsiis	☐ TFE Operator					
Type of Utensil Washing Setup:			Type of Handwashing Facilities					
Three basin setup				Self-contained portable unit(with potable water and				
			wastewater holding tanks)					
Shared three co	mpartment sink(if pre-approved)	Plumbed with hot and cold water under					
			pressure					
	nent sink within	a food	Gravity-fe	Gravity-fed water with spigot/bucket				
establishment			77 7					
Utensil sanitizer t			Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.					
Quaternary Am	moniaOther:		shall be provide	u ui ui nunuwusning sinks.				
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