

Date	_____
Amt Received	_____
Receipt #	_____ Initials _____
Permit Mailed	_____
Permit #	_____

**TEMPORARY FOOD SERVICE APPLICATION**

Directions: Complete this application and submit it, along with the appropriate fee, to the Grant County Health District before the event. **An additional fee that is double the normal permit fee is assessed to all Food Service Vendors when the application and fee are received less than five working days (one calendar week) before the event.** For additional information, refer to the attached checklist or call the Grant County Health District at the phone number listed above. Fees subject to change.

*FEE SCHEDULE:*

Commercial Food Vendor/Potentially Hazardous Food..... \$30.00 day / \$90.00 week  
 Commercial Food Vendor/Non-Potentially Hazardous Food..... \$20.00 day / \$30.00 week  
 Commercially Packaged Potentially Hazardous Food.....\$20.00 per day  
 Non-Commercial Organization / Potentially Hazardous Food.....\$20.00 per day  
 Non-Commercial Organization / Non-Potentially Hazardous Food..... \$ 5.00 per day  
 Food Demonstration.....\$ 5.00 per day

NAME OF EVENT \_\_\_\_\_

NAME OF ORGANIZATION OR FOOD SERVICE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_ DATE(S) AND HRS. OF OPERATION \_\_\_\_\_

PERSON IN CHARGE OF FOOD SERVICE \_\_\_\_\_

LOCATION WHERE FOOD(S) ARE PREPARED \_\_\_\_\_ PHONE # \_\_\_\_\_

WHERE MEAT IS PURCHASED \_\_\_\_\_ FRESH OR FROZEN? \_\_\_\_\_

WILL ICE BE USED? \_\_\_\_\_ SOURCE \_\_\_\_\_ WATER SUPPLY NAME \_\_\_\_\_

1) MENU (include beverages and all extra ingredients served with each item) and PREPARATION PROCEDURES:  
 NOTE: If your preparation procedures do not fit these charts, or you do not have enough room, please attach your own table.

a) Check which preparation procedure each item requires at the *BOOTH*;

FOOD	cold holding	cook/grill	reheat	hot holding	assemble	other

b) Check which preparation procedure each menu item requires at the *RESTAURANT OR PERMITTED FACILITY*;

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion	package

2) Please complete the following section if application is for a *BOOTH*;

a) If food preparation is required, list name of restaurant to be used or kitchen facility under Health Department permit.

Kitchen name \_\_\_\_\_ Address \_\_\_\_\_

Dates and Times Kitchen Used \_\_\_\_\_

b) How will you provide temperature control for potentially hazardous foods? Foods must be 41° F or colder, or 140°F or hotter. **MONITOR THEM FREQUENTLY.** Circle as many as you will be using.

*Hot holding:* steam table, oven, BBQ, gas grill, wok, steamers, stove, hot holding case, other (list) \_\_\_\_\_

*Reheating or cooking:* oven, BBQ, gas grill, wok, steamers, stove, other (list) \_\_\_\_\_

*Cold holding:* refrigerator, refrigerated truck, refreezable ice/cooler, dry ice/cooler, drained ice, freezer, other \_\_\_\_\_

*During transport:* \_\_\_\_\_

c) List personnel for the event (if you don't know who is working yet, provide a name list with Health Cards at the booth for the Health Officer):

NAME	Health card?	Exp. date	NAME	Health card?	Exp. date
1.			4.		
2.			5.		
3.			6.		

d) Describe booth:

Floor \_\_\_\_\_ Roof \_\_\_\_\_ Walls \_\_\_\_\_

\*Walls and ceilings must be made of wood, canvas, or other material that protects the interior of the booth from dirt and weather.

**ADDITIONAL REQUIREMENTS:**

1) Gravity flow handwashing facilities must be provided in your booth. This consists of an insulated container with a spigot that can lock in open position - capacity of 5 gallons or more - filled with hot water, a tub or bucket for waste water, pump soap and paper towels. **WASH HANDS FREQUENTLY!**

2) Sanitizer for wiping rags must be provided in your booth. This solution consists of 1 tablespoon of bleach per gallon of water (or other approved sanitizer) and wiping cloths.

3) Stem-type thermometers are required if you serve any potentially hazardous foods. Monitor temperatures frequently.

4) Leak-proof garbage containers must be provided in your booth.

5) Water must be obtained from an approved source.

6) Waste water must be disposed in a sanitary sewer. Disposal in storm drains or on the ground is unacceptable.

7) Restrooms must be provided for your employees. Restrooms must have handsinks with hot and cold running water. **HEPATITIS A** and other illnesses can be spread by foodworkers who don't wash their hands after using the bathroom. **WASH HANDS BEFORE RETURNING TO THE BOOTH.** (Portable toilets are not allowed unless portable handwashing facilities with **HOT** water, soap and paper towels are provided).

8) Dishwashing facilities must be provided by you or the event coordinator if you are preparing food at the event. Soap and sanitizer must also be provided.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that issuance and retention of any permit is contingent upon satisfactory compliance with Grant County Health District requirements. \$30.00 of each refund will be retained by the Health District for administrative expenses.