



# South Central Public Health District

Prevent. Promote. Protect.

## Temporary/Intermittent Food Establishment Application

Food Establishment or Organization: \_\_\_\_\_

Owner/Operator/Person(s) in charge: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Please check the box that applies for the type of establishment you are proposing:

- Intermittent Food Establishment –**
  - Operates for three (3) days or less per week,
  - At a single specified location,
  - In conjunction with a recurring event and offers potentially hazardous food (PHF) to the general public.
  
- Temporary Food Establishment –**
  - Operates for no more than 14 consecutive days,
  - In conjunction with a single event or celebration and offers PHF to the general public.

Menu to be served: (please list main food items)  All products are from an approved source

PRODUCT	PRODUCT	PRODUCT

### Minimum Health Requirements: Please read and check that each will be provided

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hand wash set up: Warm water, spigot, soap and paper towels                        | <input type="checkbox"/> Refrigeration for potentially hazardous foods below 41°F             | <input type="checkbox"/> Solution for wiping cloths and utensils: 1T Clorox in 2 gal of cool water (no soap) |
| <input type="checkbox"/> No bare hand contact with moist, ready-to-eat foods (tongs, gloves, or deli paper) | <input type="checkbox"/> Hot holding for cooked foods: 135°F or above: thermometers           | <input type="checkbox"/> Water potable, waste water contained, proper disposal                               |
| <input type="checkbox"/> Workers clean, not sick, no smoking, hands washed frequently                       | <input type="checkbox"/> Single-service only -- plates, forks, cups, covered, kept off ground | <input type="checkbox"/> Garbage container in booth and one outside of booth                                 |

Name of Event	Date(s) of Event	Location of Event	Inspection Date/Inspector

Licensing District: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**\*Please keep this document with the annual permit and post both documents in plain view at all events.**

\_\_\_\_\_  
Signature of Environmental Health Specialist \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Person \_\_\_\_\_  
Date

<b>Establishment Number:</b> _____			
<b>Prog Code:</b> _____	<b>SubProg Code:</b> _____	<b>County #</b> _____	<b>Water:</b> _____
<b>Risk:</b> High <input type="checkbox"/> Med <input type="checkbox"/>	<b>EHS:</b> _____	<b>Sewer:</b> _____	(1-Public, 2 Private)
<b>Mail:</b> O = Owner 1 = Establishment		<b>Status:</b> Active <input type="checkbox"/> Inactive <input type="checkbox"/>	
<b>Fee Paid:</b> _____	<b>Receipt:</b> _____	<b>Date:</b> _____	
<b>PRINT LICENSE:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			