



Event Name: \_\_\_\_\_  
 Event Coordinator: \_\_\_\_\_  
 Event Coordinator's #: \_\_\_\_\_

## TEMPORARY RESTAURANT LICENSE APPLICATION

**Submit the proper fee with the completed application prior to the event.  
 (Nonprofit tax ID No. \_\_\_\_\_)**

1. **Restaurant /Organization:** \_\_\_\_\_  
**Event Location:** \_\_\_\_\_  
 Applicant: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_ Dates: \_\_\_\_\_
  
2. **Advance Preparation:** All food must be prepared in a facility approved by Health Services or the Dept. of Agriculture. For any foods prepared before the event, describe how the food will be cooked and rapidly cooled (include container type, food depth, and equipment)? Some foods requiring extensive cooling and reheating may be prohibited.  
**NO HOME-PREPARED FOODS ARE ALLOWED**  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
  
3. **Food Temperature Control:** How will you provide for proper food temperature control?
  - a) Cold-holding devices (e.g., refrigerators, coolers)  
 Describe: \_\_\_\_\_
  - b) Hot-holding devices (e.g., warmer, steam table, heat cabinet)  
 Describe: \_\_\_\_\_
  - c) Rapid-heating devices (e.g., stove, oven, burner)  
 Describe: \_\_\_\_\_
  
4. **Leftovers:** What will you do with leftover food?  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
  
5. **Booth Construction:**  
 Type of Overhead Protection Provided: \_\_\_\_\_  
 Type of Floor Provided: \_\_\_\_\_  
 Type of Screening Provided: \_\_\_\_\_
  
6. **Water Source:** \_\_\_\_\_

**ALL WATER UTILIZED MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY**

**7. Must Obtain Before Event:**

- Food Handler Cards (1 certified worker per shift)
- Probe Thermometer to check food temperatures (Range of 0°-220°F)
- Refrigerator Thermometer in every cooler/refrigerator unit
- Hand-washing Facilities (Must be set up before any food preparation takes place)  
Describe: \_\_\_\_\_
- Test Strips for sanitizing solution (e.g., 1 tsp. bleach per gallon of water)

**8. MENU: (List all food items, including toppings)**

<u>Food item</u>	<u>Served</u>	<u>Preparation</u> <u>on-site/off-site</u>	<u>Describe location/cooking method</u>
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____ / _____	_____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FACILITY USED FOR (OFF-SITE) FOOD PREP, STORAGE, AND UTENSIL WASHING:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need this form in an alternate format, contact the Food Program at (503) 731-4012