

Event Name: ______ Event Coordinator: _____ Event Coordinator's Phone: ______

SINGLE EVENT TEMPORARY RESTAURANT LICENSE APPLICATION

Submit the proper fee with the <u>completed</u> application prior to the event. (Nonprofit tax ID No.____)

1.	Food Booth Name:			
	Event Location:			
	Person in Charge of Booth:			
	Day Phone: Mobile 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)
- \Box 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)

Food Item	Preparation on-site/off-site	Food Item	Preparation <u>on-site/off-site</u>	
<u>e.g., chicken rice soup</u>	<u> / x </u>		/	
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	<u>/</u>		/	
Applicant Signature:		Date:		
FACILITY USED FOR (OFF-	SITE) FOOD PREP, STO	DRAGE, AND UTENSI	L WASHING:	
Facility Name:				
Address:		Phone:		

Facility Operator Signature: _____ Date: _____