

ITINERANT FOOD PERMIT
 (THIS PERMIT MUST BE POSTED IN THE FOOD BOOTH DURING OPERATION)

EVENT NAME _____ EVENT DATE(S) _____

EVENT LOCATION/ADDRESS _____

NAME OF CONCESSION _____

CONTACT PERSON: _____ PHONE (DAY) _____

ADDRESS _____ PHONE (NIGHT) _____

ORGANIZER'S NAME _____ PHONE _____

LIST OF FOODS TO BE SERVED:

FOOD ITEM	OFF-SITE PREP. YES OR NO	COOKING PROCEDURES (i.e. fry, grill, BBQ)	HOLDING HOT OR COLD
1.			
2.			
3.			
4.			
5.			

NO HOME FOOD PREP OR STORAGE IS ALLOWED

ALL CONDITIONS FOR FOOD PREPARATION AND SERVING MUST COMPLY WITH HANDOUT ENTITLED: FOOD BOOTH REQUIREMENTS AND PROCEDURES. FAILURE TO COMPLY WILL RESULT IN SUSPENSION OF THE HEALTH PERMIT AND CLOSURE OF THE FOOD BOOTH.

Name of EHS permitted facility (for off-site prep.) _____

Facility Address: _____

Food Sales will be from: ___ Unenclosed Booth (non-prep.) ___ Enclosed Booth (food prep.) ___ Vehicle

Describe: Cold holding equipment _____ Cooking equipment _____

Hot holding equipment _____ Reheating equipment _____

Food Transport: Length of time in transport? _____ How is food kept hot or cold? _____

Event more than 1 day: Where will food be stored? _____

Where will utensils be cleaned? _____

Food thermometer (Stem Type 0 - 220 °F) must be available. (available at hardware store or restaurant supply)

Handwashing facility: ___plumbed sink ___ gravity flow container

At a minimum, you need 5 gallons in a container with a spigot to leave hands free for washing, a bucket for wastewater, pump soap and paper towels.

Utensil washing: ___ plumbed sink ___ washing and sanitizing buckets.

At a minimum, you need two 5 gallon buckets, one with soap & water and one with bleach & water - 1 tbs/gal.

Additional facilities may be required where food prep is extensive or where water, sewer and power connections are available.

DATE _____ APPLICANT SIGNATURE _____

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FOR OFFICE USE ONLY

PERMIT NO. _____ CATEGORY CODE _____ PROGRAM ELEMENT 1627/1698 RECORD ID NO. _____

YEAR ROUND \$ _____ SINGLE EVENT \$ _____ NEW ___ RENEWAL ___

APPROVED BY: _____ DATE: _____