APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit. Temporary permits are valid for a maximum of 14 days. Please submit application and payment 2 weeks prior to the event. There will be no refunds or credits issued.

Applications received within 2 weeks of the event will be assessed a $50 late fee.

Applications will not be reviewed without payment.

☐ 1-3 days - $85  ☒ 1-3 days - $65  ☐ 4-14 days - $225  ☐ Non-Profit - $25
(Existing CHD license)

Tax ID #

Event: ____________________________________________

Date(s) of Event: __________________________ Time: ______________ Rain Date: __________

Location of Event: ______________________________________

Name of Food Booth: ______________________________________

Contact Person: __________________________ Cell Phone: __________________________

Email: ______________________________________

Event Organizer: __________________________ Cell Phone: __________________________

** If licensed by another city/town, please attach copy of last food inspection report and current license.

Please answer completely. A detailed application assists CHD with the review process.

1. List all foods and beverages that will be served at the event. (Include condiments):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. When and where will foods be purchased? __________________________

________________________________________________________________________

________________________________________________________________________

3. What time will the foods be delivered and how will they be transported? __________________________

________________________________________________________________________

________________________________________________________________________

4. Indicate how foods will be prepared: (Check all that apply.)

  ○ Prepared at licensed facility (List facility): __________________________

  ○ Prepared at the event: __________________________

Chesprocott Health District is an equal opportunity employer
Temporary Event Application

5. List where foods will be stores prior to the event: __________________________________________

6. How will foods be kept cold? (below 41F.) __________________________________________
   During Transportation: ____________________________________________________________
   At event site: ________________________________________________________________

7. How will foods be kept hot? (above 135F.) __________________________________________
   During Transportation: __________________________________________________________
   At event site: ________________________________________________________________

8. How will handwashing stations be provided? __________________________________________

9. Location of food service worker toilet facility: _______________________________________

10. Describe how utensils, cutting boards, etc. will be sanitized? ________________________

11. Type of sanitizer: ___________________________ Test Strips: □ YES □ NO

12. What will be done with the leftovers? ____________________________________________

13. Will there be probe thermometers to take internal temperatures of food products? □ YES □ NO

14. Water supply (used for cooking and hand washing): □ Public Water □ Private Well

15. How will food items be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements (flies and dust.) ________________________________

HEALTHY FOOD INITIATIVE

Let us know if you will be offering healthier food options!

Check each option you will be offering:

   □ Water
   □ Non-Fried Foods (Baked)
   □ Fresh Fruits
   □ Fresh Vegetables
   □ Low-fat & low-sugar dessert alternatives
   □ Fresh preservative free ingredients
   □ Using healthy oils (Canola, Olive, or Vegetable Oil)
   □ Labeling Allergens
   □ Other __________________________________________
DRAW A LAYOUT OF YOUR FOOD BOOTH

(Label all grills, stoves, refrigerators, coolers, steam tables, tables, hand wash stations, garbage cans, food storage area, cleaning product storage, toilets etc.)

CHD ONLY:

Reviewed by: ______________ Date: ______________

___ Approved ___ Not Approved

Comments: __________________________________________

Received: Fee:

Revised April 2019