

Temporary Food Establishment Application

	A COMPLETED APPLICATION AND ANY APPLICABLE APPLICATION FEE(S) MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE EVENT.	
☐ \$40.00	Temporary Food Establishment Application Fee	
☐ \$0.00	Temporary Food Establishment application fee for churches, fraternal, school and social organizations, and volunteer fire departments and rescue squads that are exempt under §35.1-25 and §35.1-26 of the <i>Code of Virginia</i>.	
☐ \$0.00	Applicant with documentation of paying a Temporary Food Establishment Fee in the current calendar year.	
☐ \$0.00	Individual resident _____ locality participating in only one (1) temporary event per calendar year which is located in _____.	

Event Information

Event Name:

Event Coordinator/Phone Number/Email Address:

Event Location Address and Phone Number:

Dates of Event: _____ To _____ Rain Dates: _____ To _____

Vendor Information

Vendor Business Name (include any trade, fictitious or "doing business as" names):

Name of Owner:

Booth Name (if different from vendor name):

Vendor Address:

Vendor Phone Number/Email Address:

Onsite Person Name and Contact Email and Cell Phone:

Set-up Date and Time:

Dates of Operation:

For Office Use Only	Approved by:
Signature:	Date:

Food Preparation and Menu

Only the food items listed below will be approved to serve. Any changes must be approved by the local health department prior to the event. List all foods that will be served. Attach additional pages as needed.

Food Item	Purchased Raw or Cooked? On-site or Off-site prep?	Transported hot or cold? What type of equipment used to transport?	Type of cold holding equipment used at event? (41°F or below)	Cooking and/or reheating equipment used? Final cook temp?	Hot holding equipment used at event? (135°F or above)
<i>Sausage</i>	<i>Raw, On-site</i>	<i>Cold/on ice</i>	<i>Ice Chest</i>	<i>Grill, 175°F</i>	<i>Steam Table</i>
For food items that will be prepared at a different location than the event location include the name and location of the permitted food establishment.					
Permitted Food Establishment Name:		Name of Owner/Operator:			
Food Establishment's Physical Address:		Owner/Operator Phone Number:			
Signature of Permit Holder:		Permit Number:		Date:	

Temporary Food Establishment Construction				
Overhead Covering	☐ Canvas	☐ Wood	☐ Plastic	☐ Other:
Floor:	☐ Asphalt	☐ Concrete	☐ Wood	☐ Other:
Walls(if applicable):	☐ Screens	☐ Concrete	☐ Wood	☐ Other:
Water Source		Wastewater Disposal (provided by):		
☐ Permitted Waterworks/ Municipal Supply		☐ Event Coordinator		
☐ Private Well		☐ TFE Operator		
Food Grade Hose Provided: ☐ Yes ☐ No		Disposal Method:		
Utensils and Equipment (check all that apply):		Handwashing Facilities (provided by):		
☐ Single-Serve eating and drinking utensils		☐ Event Coordinator		
☐ Multi use kitchen utensils		☐ TFE Operator		
Type of Utensil Washing Setup:		Type of Handwashing Facilities		
☐ Three basin setup		☐ Self-contained portable unit(with potable water and wastewater holding tanks)		
☐ Shared three compartment sink(if pre-approved)		☐ Plumbed with hot and cold water under pressure		
☐ Three compartment sink within a food establishment		☐ Gravity-fed water with spigot/bucket		
Utensil sanitizer to be used: ☐ Chlorine		<i>Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.</i>		
☐ Quaternary Ammonia ☐ Other:				
Food Storage or Display Equipment: Identify all holding equipment (hot/cold) that will be used:		Cooking Equipment: Identify all cooking equipment that will be used:		
Toilet Facilities for Food Employees:		Electrical Supply:		
☐ Event Coordinator		☐ Refrigeration or Freezer available		
☐ TFE Operator		☐ Lighting available		
Method(if not provided by the event):				
Food Transportation: Identify how food will be transported to events:		Refuse Removal (provided by):		
		☐ Event Coordinator		
		☐ TFE Operator		
		Method(if not provided by the event):		

I understand that a temporary food establishment permit will not be issued until it is verified that the application and information contain herein meets the Board of Health Food Regulations (Food Regulations) under 12 VAC5-421 et seq., any other pertinent local laws or ordinances, and has been signed and approved by the local health department. I attest to the accuracy of the information provided and agree to comply with the Food Regulations as it pertains to the operation of a temporary food establishment. I agree to allow access to the establishment during hours of operation and other reasonable times.

Applicant

Name: _____ Signature: _____