



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

SINGLE EVENT TEMPORARY RESTAURANT LICENSE APPLICATION

Submit the proper fee with the completed 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)
- ☐ 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>Preparation on-site/off-site</u>	<u>Food Item</u>	<u>Preparation on-site/off-site</u>
<u>e.g., chicken rice soup</u>	<u>/ x</u>	<u></u>	<u>/</u>
<u></u>	<u>/</u>	<u></u>	<u>/</u>
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<u></u>	<u>/</u>	<u></u>	<u>/</u>

Applicant Signature: _____ Date: _____

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

Facility Name: _____

Address: _____ Phone: _____

Facility Operator Signature: _____ Date: _____