

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

INSTRUCTIONS:

The application is completed by the operator of the temporary food establishment (TFE). Separate applications must be submitted for each independently operated establishment regardless if managed by a single operator. Submit completed applications to the regulatory authority before an event.

DATE SUBMITTED	NAME OF TEMPORARY FOOD ESTABLISHMENT	
NAME OF OPERATOR OR OWNER		ADDRESS OF EVENT
TELEPHONE NUMBER		
NAME OF EVENT		DATE(S) AND TIME(S) OF EVENT/FOOD OPERATION
DATE AND TIME TFE WILL BE SET UP AND READY FOR INSPECTION:		

List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. **NOTE:** Any changes to the menu must be submitted to and approved by the Regulatory Authority at least **24 HOURS** prior to the event.

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.

Will all foods be prepared at the TFE site?

Yes – complete **Attachment A**

No* – complete **Attachments A and B**

* If No, the operator must identify the permanent food establishment where the food will be prepared; food establishments operating off the installation require additional assessment by the Regulatory Authority for approval.

Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE (e.g., conveyance method & temperature controls):

How will food temperatures be monitored during the event?

Identify the sources for each meat, poultry, seafood, and shellfish item, and ice:

<i>Item / Source</i>	<i>Item / Source</i>
<i>Item / Source</i>	<i>Item / Source</i>
<i>Item / Source</i>	<i>Item / Source</i>

How many (total) food employees will be working at the TFE?	Using Attachment C , provide the names and phone numbers of all TFE workers (paid workers and volunteers).
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How many hand washing facilities will be available for food employees? _____
 Describe the location(s) and hand washing facility set up (type of device) to be used by the TFE employees:

Identify the potable water supply source and describe how water will be stored and distributed at the TFE. If a non-public water supply (well water) is to be used, provide the results of the most recent water tests.

Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage.

Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed:

Describe the number, location and types of garbage disposal containers at the TFE and the event site:

Describe the floors, walls, ceiling surfaces, and lighting within the TFE:

Additional information about the TFE that should be considered:

Number of attached continuation pages: _____

APPLICANT STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Regulatory Authority or designated representative and the event sponsor may nullify final approval.

APPLICANT/OWNER SIGNATURE:	Date:
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CO-APPLICANT/CO-OWNER SIGNATURE:	Date:
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REGULATORY AUTHORITY: Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the food establishment with equipment in place and operational will be necessary to determine if it complies with the AF Adopted Food Code and local and state laws governing food service establishments.

	Approved	Date:		Disapproved	Date:
Establishment Restrictions:	Reason(s) for Disapproval:				

AUTHORIZED DATES TO OPERATE

REVIEWER *(Print full name and rank)*

TITLE

SIGNATURE	DATE
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