Central District Health Department
HALL • HAMILTON • MERRICK

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APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

DIRECTIONS:
THE OPERATOR OF **EACH** TEMPORARY FOOD ESTABLISHMENT (**TFE**) SITE/BOOTH MUST COMPLETE THIS APPLICATION. **THE APPLICATION MUST BE COMPLETED AND SUBMITTED TO THE REGULATORY AUTHORITY AT LEAST 7 CALENDAR DAYS BEFORE AN EVENT INVOLVING 3 OR FEWER BOOTHS, AND 30 CALENDAR DAYS PRIOR TO AN EVENT INVOLVING MORE THAN 3 FOOD BOOTHS.** A FOOD VENDOR PERMIT IS REQUIRED WITH THE APPLICATION FOR TEMPORARY ESTABLISHMENT PERMIT IF OPERATING INSIDE GRAND ISLAND CITY LIMITS.

TEMPORARY FOOD ESTABLISHMENT PERMITS ARE:

- VALID FOR UP TO 3 CONSECUTIVE DAYS PER PERMIT.
- ISSUED AT A MAXIMUM OF 3 PERMITS PER CALENDAR YEAR PER OPERATOR.
- $33.00 PER PERMIT

IN ADDITION, EACH OPERATOR **MUST** PROVIDE A DRAWING OF THEIR TEMPORARY FOOD ESTABLISHMENT. *(SEE LAST PAGE)*.

NAME OF TEMPORARY FOOD ESTABLISHMENT:_____

NAME OF OPERATOR:_____

EVENT DATE(S):_____ **HOURS:**_____A.M./P.M. TO _____A.M./P.M.
_____ **HOURS**:_____A.M./P.M. TO _____A.M./P.M.
_____ **HOURS:**_____A.M./P.M. TO _____A.M./P.M.

NAME OF TEMPORARY EVENT (IF APPLICABLE):_____

ADDRESS OF TEMPORARY EVENT:_____

LOCATION OF BOOTH AT TEMPORARY EVENT:_____

MAILING ADDRESS OF TFE OPERATOR:_____

CITY:_____ STATE:_____ ZIP: _____

TELEPHONE NUMBER:_____

DATE AND TIME TFE WILL BE SET UP AND READY FOR INSPECTION:_____

1. **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 PRIOR TO THE EVENT).**

_____

_____

2. **WILL ALL FOODS BE PREPARED AT THE TFE SITE**?

_____YES _____NO IF NOT, THEN WHERE?_____

3. **DESCRIBE (BE SPECIFIC) HOW FROZEN, COLD, AND HOT FOODS WILL BE TRANSPORTED TO THE TEMPORARY FOOD ESTABLISHMENT**:

FROZEN FOODS:_____

COLD FOODS:_____

HOT FOODS:_____

HOW WILL FOOD TEMPERATURES BE MONITORED DURING THE EVENT?_____

_____

4. **IDENTIFY THE SOURCES FOR EACH MEAT, POULTRY, SEAFOOD, AND SHELLFISH ITEM INCLUDING THE SOURCE OF THE ICE TO BE USED AT THE TFE (I.E. VENDORS, STORES, MANUFACTURER, ETC…)**:

MEAT(S):_____

POULTRY:_____

SEAFOOD:_____

SHELLFISH:_____

ICE:_____

5. **DESCRIBE THE NUMBER, LOCATION AND SET UP OF THE HAND WASHING FACILITIES/STATIONS TO BE USED BY THE TFE WORKERS**:

NUMBER OF HAND WASHING FACILITIES/STATIONS:_____

LOCATION(S):_____

SET-UP:_____

6. **IDENTIFY THE SOURCE OF POTABLE WATER FOR THE TFE (I.E. CITY WATER, BOTTLED WATER, ETC…). HOW WILL THIS WATER BE SUPPLIED (TRANSPORTED) TO AND STORED AT THE TFE?**_____

_____

_____

IF A NON-PUBLIC WATER SUPPLY (I.E. PRIVATE WELL WATER) IS TO BE USED, PROVIDE THE RESULTS OF THE MOST RECENT WATER TESTS._____

_____

7. **WHERE WILL UTENSIL WASHING TAKE PLACE AT THE TFE? IF NO FACILITIES ARE AVAILABLE ON-SITE FOR WARE WASHING, DESCRIBE HOW CLEAN UTENSILS WILL BE PROVIDED THROUGHOUT THE DURATION OF THE EVENT AND WHERE THEY WILL BE STORED.**_____

_____

_____

8. **DESCRIBE HOW AND WHERE WASTEWATER FROM HAND AND WARE WASHING WILL BE**:

COLLECTED?:_____

STORED?:_____

DISPOSED?:_____

9. **IF PORTABLE TOILETS ARE PROVIDED FOR THE TFE, HOW FREQUENTLY WILL THEY BE PUMPED/CLEANED?**_____

10. **DESCRIBE THE NUMBER, LOCATION AND TYPES OF GARBAGE DISPOSAL CONTAINERS AT THE TEMPORARY FOOD ESTABLISHMENT AS WELL AS AT THE EVENT SITE**:

NUMBER OF GARBAGE CONTAINERS:_____
LOCATION?_____
TYPE(S) OF CONTAINER?_____

11. **DESCRIBE THE PHYSICAL FACILITIES (I.E., FLOORS, WALLS AND CEILING SURFACES, AND LIGHTING) WITHIN THE TFE BOOTH/LOCATION**:

FLOORS:_____
WALLS:_____
CEILINGS:_____
LIGHTING:_____

12. **HOW WILL ELECTRICITY BE PROVIDED TO THE TFE?**:_____
_____
_____

13. **PLEASE ADD ANY ADDITIONAL INFORMATION ABOUT YOUR TFE THAT SHOULD BE CONSIDERED AND IS NOT ADDRESSED IN THIS QUESTIONNAIRE.**:
_____
_____
_____

14. **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 OFFICE MAY NULLIFY FINAL APPROVAL.*

SIGNATURE(S):_____ DATE:_____

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THE CENTRAL DISTRICT HEALTH DEPARTMENT 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). **THE TFE SHALL NOT OPERATE UNTIL THE PERMIT IS PROVIDED.**

REGULATORY AUTHORITY:

APPROVAL:_____ DATE:_____
PERMIT RESTRICTIONS (IF APPLICABLE):_____
_____
PERMIT EFFECTIVE DATES:_____
DISAPPROVAL:_____ DATE:_____
REASON(S) FOR DISAPPROVAL:_____
_____
_____

SKETCH SHEET

DRAWING OF TEMPORARY FOOD ESTABLISHMENT
(THE SKETCH IS REQUIRED FOR ISSUANCE OF THE TEMPORARY FOOD PERMIT)

IN THE FOLLOWING SPACE, PROVIDE A DRAWING THAT SHOWS THE LAYOUT OF THE TEMPORARY FOOD ESTABLISHMENT. IDENTIFY AND DESCRIBE ALL EQUIPMENT INCLUDING: COOKING AND COLD HOLDING EQUIPMENT, HAND-WASHING FACILITIES, WORK TABLES, DISHWASHING FACILITIES, FOOD AND SINGLE SERVICE STORAGE, GARBAGE CONTAINERS, AND CUSTOMER SERVICE AREAS.

DATE OF REQUEST#1:_____
DATE OF REQUEST#2:_____
DATE OF REQUEST#3:_____