

TEMPORARY FOOD EVENT VENDOR APPLICATION FORM

EACH VENDOR IS TO RETURN THIS FULLY COMPLETED APPLICATION AND THE APPROPRIATE HEALTH PERMIT FEE TO THE EVENT ORGANIZER

Name of Event:	Visalia Home & Patio S	pringfest			
Event Date(s): _F	ebruary 12-14, 2016	Foo	d Sales Start Time: <u>11:0</u>	0am	
Event Address/Lo	Visalia Convention Center	303 E Acquia Ave	City: <u>Visalia</u>		
Business/Organiz	ation Name:				
Business Mailing	Address:		_City/State/Zip:		
Applicant Name:			Phone: ()		
Email Address:			Booth Number:		
PERMIT TYPE:					
Indicate the Sing	le Event Temporary Heal	<u>th Permit you are a</u> r	plying for:		
□ Single Event \	/endor Food Prep 1-2 day	/s (\$56) 🗌 Singl	e Event Vendor Food Pre	p 3+ days (\$83)	
🗌 Single Event V	/endor Prepackaged 1-2 (days (\$20) 🛛 Singl	e Event Vendor Prepacka	aged 3+ days (\$31)	
🗌 Veteran Exem	ption (complete Veterar	s exemption affida	rit form – see enclosed, 8	k attach DD214 form)	
Indicate the Tula	re County Annual Permit	<u>you hold: (Annual Pe</u>	mit holders must attach a co	py of their active permit)	
Permit Name:	Fa	cility ID:	Permit Expiration	Date:	
Tulare Count	y Mobile Food Facility -	Indicate Cart # or Li	cense Plate #:		
Tulare Count	y Catering Permit 🗌 Anr	nual Single Vendor	Annual Prepackaged/	Food Sampling Permit	
FOOD OPERATI	ON TYPE: (Check all that a	pply)			
	food 🛛 Pre-packaged v			•	
NOTE: <u>Pre</u>	PREPAC packaged food vendors	CKAGED VENDOR		e of this application	
All temporary foo	d facilities shall provide a si	gn with the facility na	me, operator name, city, st	ate, and zip.	
Pre-packaged foo	d booths require overhead	protection made of w	ood, canvas, or other to pro	otect from elements.	
 Pre-packaged food/beverages shall be kept 6 inches off the floor at all times. 					
	operating day, all Potentiall			-	
 At the end of the operating day, all potentially hazardous foods held at or above 135 °F shall be destroyed. Handwash sinks are required if sampling food, a warewash sink is required if you are serving for more than 4 hours. 					
	will be selling/serving:				
				istration or Cannery License	
	a Department of Public Hea		C .		
By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct.					
	:				
(OFFICE USE ONLY)	Payment Type:	Receipt #:	OA Initials:	Paid Amount:	

POTABLE WATER

Water source is from (check one): A City Public Water System, Bottled Water, CDPH Licensed Water Vending Machine, CDPH licensed Water Hauler, or a Private Non Ag Well (Must provide Bacteriological, Nitrate, & Nitrite testing results and meet Safe Drinking Water Standards)

MENU Food preparation shall be done either in an enclosed Temporary Food Facility or at a permitted food facility					
List food items to be served: (tacos, burritos, nachos, etc.)	Check if commercially pre- packaged: (unopened original containers)	Identify types of preparation at offsite permitted kitchen: (cutting, washing, cooking)	Identify types of preparation at booth: (assembly, portioning, cooking, etc.)	Describe how food will be transported from a permitted food facility to the Temporary Food Facility: (ice chest, chafing dish, etc.)	
 Check here if preparing ALL food inside the food booth on the day of the event and skip to page 3. Check here if preparing any food at a commercial kitchen and fill out the Kitchen Authorization below. 					
COMMERCIAL KITCHEN AUTHORIZATION Complete this section if you are going to prepare food ahead of time at an Env. Health permitted kitchen. No food shall be prepared at home. Permitted Cottage Food is allowed.					
The food vendor listed on this form has permission to use the commercial kitchen named below for preparing and storing food on the following dates:					
Business Name Of Kitchen:		Address Of Kitchen:			
City:	State:	Zip:	Phone:		
Facility ID: Owner Signature:		Type of Permit: Print Name:	Permit Ex Date:	piration Date:	
If the commercial kitchen in which food preparation will take place is located outside of Tulare County, the Local Environmental Health Department must sign below authorizing use of the commercial kitchen, and verifying a current permit.					
Signed by:		Print Name:	Date:		
Environmental Health Specialist County of:					

Note: <u>Complete the remainder portion of application in lieu of site plan.</u>

HOT/COLD HOLDING EQUIPMENT Identify methods of maintaining hot food hot, or cold food cold during hours of operation. Check all that apply.					
Cold Holding at 45°F or below:	Mechanical Refrigerator	□ Ice Chest	Cold Table		
	□ N/A	Other (Specify):			
At the end of the operating day,	all potentially hazardous foods that	are held at 45°F shall be destro	yed.		
Hot Holding at 135 °F or	Steam Table	Chafing Dishes	Electric Soup Warmer		
above:	Hot Holding Cabinet	Hot Dog Roller Grill			
	-	-			
	□ N/A				
At the end of the operating day,	all potentially hazardous foods held	at or above 135°F shall be dest	royed.		
□ A health department approve	ed probe thermometer will be provi	ded to monitor food temperatur	res.		
□ A health department approv	ed refrigerator thermometer will be	provided for all cold holding eq	uipment (refrigerators, freezers, & ice		
chests)					
	FOOD	PROTECTION			
Ident	ify methods to protect food f	rom contamination. Chec	k all that apply.		
□ Sneeze Guards □ Hinged Chafing Dishes □ Serving Tongs					
□ Serving/ Sampling Plate with Lid □ Prepared and Stored away from the customers □ N/A			omers 🗆 N/A		
Food Compartments Other (Specify):					
FOOD BOOTH CONSTRUCTION See Temporary Food Facility Guidelines available online or at our office for a full description of requirements.					
*All temporary food facilities shall provide a sign with the facility name (in 3 inch size letters), and operator name, city, state, and zip (in 1 inch size letters).					
All temporary Food Facilities that handle non-prepackaged food require:					
 Floors constructed of concrete, asphalt, tight wood, or other cleanable material in good repair. Overhead protection made of wood, canvas, or other to protect food preparation, food storage, and warewashing areas from rain, dust, bird/insect droppings and other contaminants. Full Enclosure of the facility with 16 mesh per square inch screens, and pass-thru windows. (Does not apply for facilities conducting limited prep if insects, vermin, and birds are absent due to location of the facility or other limiting conditions. If conditions change, vendor must be prepared to enclose booth). 					
Limiting display and handling of nonprepackaged food in food compartments.					
Floor Material:		Wall Material:			
Ceiling Material:		Size of Pass-Thru Windo	w:		

	SINK REQ	UIREMENTS		
Please Indicate what warewash sink you will have access to during the event. Warewashing sink is (check only one):				
,	 I will provide my own Warewash sink 	I will be sharing with another Temporary I sharing the sink with the following vendor:		
□ Warewash sink is not Required -	- If the booth operates less than 4 I	nours per day, & provides extra utensils that are	clean and sanitized.	
\Box Located inside Restaurant and re	estaurant is within 100 feet of food	booth. Restaurant Name:		
If you are providing a 3 compartmer	nt sink, are you allowing other food	vendors to use it? Yes No	Utensil Wash S nk	
Type of Warewashing Sink (Check of	only one): 🛛 🗆 Portable Sink with	n waste water tank		
Permanently plumbed sink	Fresh Water Tank Size	e in Gallons:	SANITIZER Range	
Self–Contained portable sink	Waste Water Tank Siz	protection [16]	100 ppm Critorine BLADDER	
List the other food vendor(s) you wi	ill allow to use your three compartr	nent sink (up to three vendors allowed)	U	
1	_ 2	3		
If you are providing a three compart	tment sink, specify how waste wate	er will be disposed.		
Waste tank will be emptied in, \Box n	nunicipal sewer connection, $\ \square$ on	site septic system , or \Box other		
Handwashing sink provided inside f	ood booth by (check only one):		Gravity Fed Unit	
Event Organizer	Food Booth Operator 🛛 Not re	quired (if serving prepackaged foods)	Paper Towels	
Type of Handwashing sink (check o	nly one):			
Waste water receptacle. – Is or	nly allowed if event is less than 3 c	r, hand soap, paper towels, and an approved onsecutive days if event is more than 3 consecutive days	Continuous 0 Flow Spigor 0 Discard Bucket	
	CLEANING AN	D REFUSE DISPOSAL	•	
Will multi use utensils (knives, scoops, spatulas, etc.) be used inside the booth for food preparation? Yes No				
If marked yes, I will clean the utensils every 4 hours in a warewash sink.				
If marked no,	than 4 hours I will bring extra uten	sils and replace as needed.		
I will clean food equipment at lea	ast every 4 hours, \Box and I will clea	in the booth structure as often as needed.		
□ Refuse will be disposed of as often	en as needed, and at the end of the	event at the organizer's designated location.		
By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct.				

Applicant Signature: _____ Date:_____ Date:_____

This form is available at <u>tchhsa.org/foodsafety</u> click on the <u>resources</u> link.

TULARE COUNTY



HEALTH & HUMAN SERVICES AGENCY

Environmental Health Services 5957 S Mooney Blvd, Visalia, CA., 93277-9394 559 624-7400 • FAX 559 733-6932

VETERAN'S FEE EXEMPTION REQUEST FORM

This exemption is in accordance with Section 16102, Business and Professions Code, which allows every United States Veteran, who has received an honorable discharge or a release from active duty under honorable conditions, to hawk, peddle, sell any goods, or merchandise owned by him, (<u>except spirituous, malt, vinous or other intoxicating liquor</u>), without payment of any license, tax or fee to vend the merchandise.

This affidavit is to be filed with the Tulare County Environmental Health Services Division in conjunction with the application for a Health Permit to sell or give away food to the public.

Business Name: _							
Business Location	:						
Mailing Address: Business Owner (Veteran):				City:			
				Phone			
Owner Address:				City:	City:		
Business Descript	ion: Describe	kinds of food s	old and type of	facility sold from:			
Are you selling or	giving away ar	y alcoholic be	/erages or food	s? □ Yes □ N	0		
Were you honorab	ly discharged/	released from	the US Services	s? 🗆 Yes 🗆 N	0		
Are you the sole o	wner of the go	ods being vend	led?	Yes	□ No		
Verification of Ov	vner Veteran	dentity:					
Drivers License N	No.	State	Exp	iration Date	Birth Date		
Service Branch:	Army 🗆	Navy 🗆		USAF 🗆			
Service Document	ation: Attach	a copy of Veter	ans Honorable	e Discharge Forn	n (DD214).		
I DECLARE UNDI FOREGOING INF				S OF THE STAT	E OF CALIFORNIA, TH	IAT THE	
Signature			Date		Account #		
Approved:	Denied: 🗆	Environme	ntal Health Spe	cialist	Date		
Reason:							



Temporary Food Facility

Self-Inspection Checklist For Booths

All items must be completed prior to serving food to the public.

Initial below when completed igvee

1.		Hand-wash station has been set up and is ready to use:				
	✓	5 gallon container of warm water with a spigot which can be turned on and off without having to hold it on. It is serving prepackaged	1.			
	\checkmark	Liquid soap in a pump dispenser food/beverages only				
	\checkmark	Single use paper towels				
	\checkmark	Bucket to catch the dirty water				
2.		Warewash sink provided with approved potable water source: No warewash sink required if serving prepackaged food				
	✓	1 compartment with soapy water to use for washing No warewash required - Food	2			
	\checkmark	1 compartment with plain water to use for rinsing service will be less than 4	<u>د</u>			
	✓ Note	1 compartment with bleach and water to use for sanitizinghours, and replacement: 1 Tablespoon of bleach should be used for each gallon of waterutensils available.				
3.		Cloth towels intended for sanitizing will be stored in a sanitizing solution. 100 parts per million (ppm) chlorine (or 1 Tbsp. Bleach per 1 gal. of water) of sanitizing solution provided. Provide sanitizer test strips to measure strength of sanitizer.				
4. I	f cond	ucting food preparation, tasks are delegated to different workers to minimize cross contamination of food:				
		Employee who will only touch the raw meat, fish or poultry $lacksquare$ Employees will wash hands in between	3			
		Employee who will only touch ready to eat (RTE) foods touching raw and ready to eat foods	5			
		Employees who only handle/touch the money D NA – only serving prepackaged food				
5.		All food preparation is done inside the booth or at the Env. Health. Permitted food facility.	4			
6.		If there is a bar-b-que, it can be outside of the booth, but all food cooked outside must be taken back inside the booth for service to the customer. (Note: Barbecue should be roped off to prevent public access).				
7.		Approved thermometers are available in the booth to measure food hot and cold holding temperatures.				
8.		All cold foods are well iced and are maintained at or below 41 degrees F, OR				
		/ All cold foods are well iced and are maintained at 45 degrees F up to 12 hours, and discarded at end of day.				
9.	9. All hot foods are:					
		Served directly to the customer, OR	8			
		Held at or above 135 degrees F, AND Discarded at the end of each day.				
10.	Sel	f-service condiments are:	0			
		In containers with a hinged lid, OR 📮 In squeeze bottles, container with pump, OR 📮 In individual packets.	9			
11.		All open food is protected from contamination.	10			
12.		Trash containers are available inside the booth.	11			
13.		Health Permit is prominently displayed in public view.	12			

Print Name of person in charge: ______ Date: ______

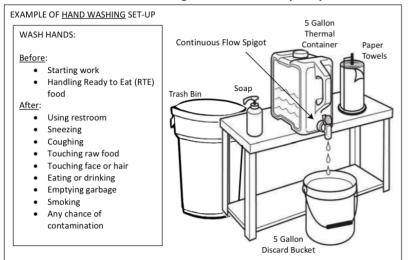
Signature: _____ Phone: ____

Sample Handwash and Warewash Layouts

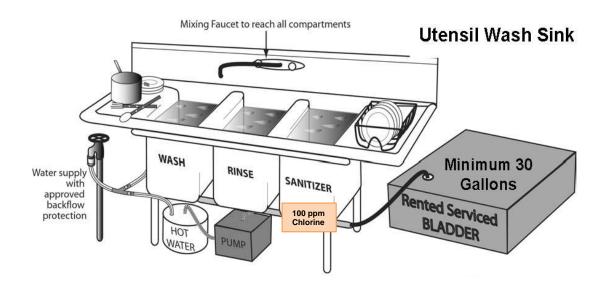
*Approved for events that are less than 3 consecutive days

*Required for events that are 3 or more consecutive days

Hand and Utensil Washing Guidelines for Temporary Event







This form is available at <u>tchhsa.org/foodsafety</u> click on the <u>resources</u> link.