

Approved:
 Not Approved:
 Approved by: _____
 Date: _____
 Receipt#: _____
 EH- ____ - _____



Marie Peoples, PhD Chief Health Officer
Environmental Services

2625 N. King Street
 Flagstaff, Arizona 86004
 TEL 928.679-8760
 FAX 928 679-8771

Application for a Temporary Food Service Permit

Applications must be received by Environmental Health a **minimum of TEN (10) days prior to the event. Payment must be attached with the application in order to process. When faxing in application credit card information is required or application will not be processed.** Late applications will be assessed a penalty fee (see below).

Single Event Fees:

- () For profit vendors \$90.00
- () Non-profit food and samplers \$75.00
- () Temporary Group (Mass) Event Coordinator Fee \$90.00

6 Month Fees:

- () For profit food service vendors \$140.00
- () Non-profit food service vendors \$115.00
- () For profit food samplers and vendors that sell non-phf's (lemonade, etc.) \$80.00
- () Temporary Group (Mass) Event Coordinator Fee \$150.00

Penalty Fees

- () *Penalty fee* for application received less than 10 days before the event \$50.00
- () *Penalty fee* for application received at the event \$50.00

PLEASE PRINT CLEARLY:

Applicant's Name & Business Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone numbers (*we will call you*, please provide phone(s) numbers where you can be reached):

Phone# _____ Cell: _____ Other: _____

Email: _____

Event Review: Please list *ALL* events that you plan to attend in the next six months in Coconino County. If additional space is needed please use the back of this sheet or an additional sheet of paper.

Event	Location	Date(s)	Set-up Time	Event Organizer	Phone Number

Menu Review: Please list *ALL* menu items, *including ingredients used, drinks and condiments.*

If additional space is needed please use the back of this sheet or an additional sheet of paper.

Food Item	Off-site prep Yes or No	On-site prep Yes or No	Preparation procedures <i>(i.e. wash, cut, refrig, grill, serve...be specific & incl. prep of non-phf's)</i>

PLAN REVIEW: ITEMS MARKED IN BOLD MUST BE ANSWERED BY ALL APPLICANTS. THESE ITEMS ARE REQUIRED OF ALL VENDORS. LEAVING THESE ITEMS BLANK WILL RESULT IN DENIAL OF YOUR APPLICATION

1. Obtained all necessary permits from the local building and planning and zoning authority
Yes No

2. Construction of booth: Mobile Unit Tent (tents only allowed for certain foods, refer to Temp F.S. Requirements)

3. Hand washing facilities: Plumbed sink OR Gravity Flow , Dispensed soap/paper towels

4. Number of Certified Food Handlers: _____ *REQUIRED FOR ALL VENDORS EXCEPT SAMPLERS. MUST ATTACH COPIES OF CERTIFICATION

5. Location of any "Advanced Preparation Site(s): _____

6. Cold-Holding Equipment: *(Coolers are not allowed for storage of PHF's or raw meats)* _____

7. Hot-Holding/Cooking Equipment: _____

8. Where will produce be washed? _____ Will meats/foods be thawed? Yes No

9. How long will food be in transport to the event? _____

10. How will food be kept hot/cold during transport? _____

11. A calibrated, metal stem probe thermometer(s) is available (range 0 – 220 F). Yes No

12. Type of chemical to be used as a sanitizer: *Chlorine/Bleach* *Quaternary Ammonium* *Iodine*

13. Dishwashing Facilities: 3-bin sink 3 portable tubs

14. Where will water for the operation come from? _____

15. Waste water disposal: Sewer , Septic , RV dump station

16. Covered Garbage Cans: Yes No

17. Where will food be stored during the evening hours when the booth is unoccupied?

I hereby consent to inspection by the Health Authority and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with the **Temporary Food Service Requirements**. I also understand that the permit fee is non-refundable.

Applicant's Signature: _____ Date: _____

Payment method: Check _____ Cash _____ Credit Card# _____ Exp. _____

Official Use Only

Reviewed by: _____ Date: _____

Approved Denied Mail Permit Fax Permit