

Environmental Health

Approved <input type="checkbox"/>
Not Approved <input type="checkbox"/>
Approved by: _____
Date: _____
Receipt#: _____
EH- _____ - _____



## TEMPORARY FOOD ESTABLISHMENT (TFE) APPLICATION FOR SPECIAL EVENT

Incomplete Applications Shall Be Denied – Type or Print Clearly

**Mailing Addresses:**

- 2625 N. King St. Flagstaff, AZ 86004; (P) 928-679-8750 (F) 928-679-8771

**\*\*Applications must be received by Environmental Health a minimum of TEN (10) business days prior to the event. Payment must be attached with the application in order to process.** Late applications will be assessed a late fee penalty (see attached document)

**Email Address:**

- [vwhitesides@coconino.az.gov](mailto:vwhitesides@coconino.az.gov)

**EVENT INFORMATION**

Name of Event:			
Address of Event:			
City:	State:	Zip Code:	
Date(s) of Event- #of Days of Event:	Start Date:	End Date:	
Hours of Event (Specify for each date if different):			
Name of Event Coordinator:			
Phone:	Email Address:		

**APPLICANT INFORMATION**

Name of Temporary Food Establishment:			
Name of Owner/Operator:			
Mailing address:			
City:	State:	Zip Code:	Email Address:
Contact Name (During Event):	Contact Phone Number:		
<i>*We will call you, please provide phone number(s) where you can be reached</i>			

**TEMPORARY FOOD ESTABLISHMENT INFORMATION**

Time the TFE will be ready for inspection on the first day of event:	
Type of Hand Wash Station (check one): <input type="checkbox"/> Portable <input type="checkbox"/> Gravity Fed: <input type="checkbox"/> Other:	Dispensed soap and paper towels: <input type="checkbox"/>
Type of Sanitizer (Bring Appropriate Test Strips): Bleach (Chlorine) <input type="checkbox"/> QUAT (Ammonium) <input type="checkbox"/> Other:	
Any Off-Site Food Preparation: Y <input type="checkbox"/> Location:	N: <input type="checkbox"/>

List All Food and Beverage Items to be Prepared and Served (Attach Additional Page if Necessary)

Food Item	Purchased From/Source	Off-site Prep Y/N	Cooking Equipment	Cold Holding Equipment	Hot Holding Equipment

**PERMIT FEE**

<b>SINGLE EVENT FEES:</b>	
<input type="checkbox"/> For profit vendors	<b>\$90.00</b>
<input type="checkbox"/> Non-profit food and samplers	<b>\$75.00</b>
<input type="checkbox"/> Temporary Food Service (Samplers, minimal preparation and Non-TCS Foods)	<b>\$50.00</b>
<b>6-MONTH FEES:</b>	
<input type="checkbox"/> For profit food service vendors	<b>\$140.00</b>
<input type="checkbox"/> Non-profit food service vendors	<b>\$115.00</b>
<input type="checkbox"/> Temporary Food Service (Samplers, minimal preparation and Non-TCS Foods)	<b>\$80.00</b>
<b>Penalty Fees:</b>	
<input type="checkbox"/> <i>Penalty fee</i> for application received less than 10 days before the event	<b>\$50.00</b>
<input type="checkbox"/> <i>Penalty fee</i> for application received at the event	<b>\$50.00</b>

**PLAN REVIEW**

**\*\*ITEMS MARKED IN BOLD MUST BE ANSWERED BY ALL APPLICANTS. THESE ITEMS ARE REQUIRED OF ALL FOOD VENDORS. LEAVING ANY PORTION OF SUCH ITEMS BLANK WILL RESULT IN DENIAL OF YOUR APPLICATION\*\***

1. **Obtained all necessary permits from the local building and planning & zoning authority?** Y  N

2. **Construction of booth:** Mobile Unit  Tent  (Refer to Temp F.S. Requirements for more information and details)

3. **Number of Certified Food Handlers** \*REQUIRED FOR ALL FOOD VENDORS EXCEPT SAMPLERS. MUST ATTACH COPIES OF CERTIFICATION.\*

4. Location of any "Advanced Food Preparation Site(s):

5. Where will produce be washed?

6. Will meats/foods be thawed? Y  N  Where will these foods be thawed?

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

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

9. A calibrated, metal stem probe thermometer(s) is available for use (range 0°F-220°F)? Y  N

10. Dishwashing Facilities: **3-basin sink**  **3-portable tubs**

11. Where will water for food operations come from (shall be from an approved source)?

12. Wastewater disposal: Sewer <input type="checkbox"/> , Septic <input type="checkbox"/> , RV dump station <input type="checkbox"/> , other approved area <input type="checkbox"/>
13. Covered trash receptacles: Y <input type="checkbox"/> N <input type="checkbox"/>
14. Where will food be stored during the evening hours when the booth is unoccupied?

OPERATOR RESPONSIBILITIES	INITIALS
1. The operator is responsible for meeting all requirements as set forth in the Temporary Food Establishment Quick Reference Sheet and applicable sections of the 2017 FDA Food Code.	
2. I have received a copy of the Temporary Food Establishment Quick Reference Sheet and understand that critical violations may result in the suspension or denial of the Health Permit.	
3. I am aware that each TFE must be properly equipped and ready to operate by the time indicated, and that failure to do so may result in suspension or denial of the permit.	
4. The applicant must contact the CCHHS Environmental Health to advise of any changes or additions to this application prior to the event.	
5. This application is for a Temporary Health Permit only. The operator is responsible for obtaining all applicable permits as required by other agencies.	
6. Obtaining and submitting a permission letter from the property owner, if the event occurs on private property (if there is no Event Coordinator) and provide documentation and copies of permits if off-site food preparation occurs at a commissary or other permitted facility.	

**\*\*\*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 strictly non-refundable.**

Applicant Name and Job Title:	
Applicant Email Address:	Date:

<b>Payment Method:</b> Check: <input type="checkbox"/> Cash: <input type="checkbox"/> Credit Card: <input type="checkbox"/>	
Credit Card#:	Exp:
Please Print name as it appears on credit card	
Address for credit card billing	
<b>**Debit Card processing fee is \$1.95. Credit card processing fee is 2.35%.</b>	
<b>***Ensure that checks are clearly typed or printed on and are written out to CCHHS or Coconino County Health &amp; Human Services.</b>	

<b>CCHHS USE ONLY</b>	<b>RECEIVED BY:</b>	<b>DATE RECEIVED:</b>
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