

TEMPORARY FOOD PERMIT APPLICATION (3rd Party Food Vendor)

(For EH&S, Fire Safety, and Event Organizer)

Name of Event _____ **Event Date** _____

Location of Event _____ **Event Hours Start/End Times** _____

Name of Vendor _____

Name of Contact Person _____

Business Address _____

Contact Person Email _____

Contact Person Phone Number _____

This application is for:

- Category I (Prepackaged Food/Beverages/Packaged samples only and/or whole produce)
- Category II (Prepackaged Food/Beverages with open sampling/dispensing)
- Category III (Preparing or handling unpackaged food/beverages)

Facility Type:

- Food Booth
- Food Truck/Trailer
- Other: _____

Food Booth Construction: All food booths require overhead protection and a cleanable floor. Food preparation booths must be enclosed.

Booth Size: _____

List all food & beverage products that will be prepared, sold, or given away. (Attach additional pages as necessary)			
Food/Beverage Item	Prepackaged (Y/N)	Will you be preparing food at a location other than onsite?	Identify type of preparation at food booth (assembly, cooking, mixing, etc)

For food items that will be prepared at another location complete the below information and attach a copy of the food facility's current health permit.

Food Facility Name:	
Address:	

Hot/Cold Holding Equipment				
Cold Holding	<input type="checkbox"/> Mechanical Refrigerator	<input type="checkbox"/> Ice Chest	<input type="checkbox"/> Cold Table	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Other (Specify):			
Hot Holding	<input type="checkbox"/> Steam Table	<input type="checkbox"/> Chaffing Dishes	<input type="checkbox"/> Electric Warmer	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Other (Specify):			

Equipment/Utensils				
Utensil Washing	<input type="checkbox"/> 3-compartment sink within food booth	<input type="checkbox"/> Event is less than 4hrs – extra utensils will be available.	<input type="checkbox"/> Shared 3-compartment sink	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Other (Specify):			
Sanitizer	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Quaternary Ammonia	<input type="checkbox"/> Iodine	<input type="checkbox"/> Not Applicable
Equipment used for food preparation	<input type="checkbox"/> Propane Grill	<input type="checkbox"/> Electric Stove	<input type="checkbox"/> Mixer/blender	<input type="checkbox"/> Fryer
	<input type="checkbox"/> Other (Specify):			

Handwashing Facilities (hand soap, single use paper towels, and a trash receptacle must be provided at all handwashing sinks)	
Type of handwashing facility onsite:	<input type="checkbox"/> Gravity-fed container with spigot and catch basin (<i>wastewater must be properly disposed</i>)
	<input type="checkbox"/> Self-contained portable unit (<i>with potable water and wastewater holding tanks</i>)
	<input type="checkbox"/> Permanently plumbed with hot and cold water under pressure
Provided By	<input type="checkbox"/> Event Organizer <input type="checkbox"/> Food Booth Operator <input type="checkbox"/> Not Applicable (prepackaged food only)

Will you have an electric or flame producing appliance or equipment onsite? ___Yes ___No

Food booths using open flames or heat-producing appliances will need approval from UCI Fire Safety and will need to have a fire extinguisher onsite.

- List all electrical equipment you will use and provide the amperage, which can usually be found etched into the bottom of the appliance or into a metal plate secured to the device.
- List any gas/propane burning equipment.
- Applications cannot be processed and approved without amperage information.

Example:

Equipment	Quantity	Amperage	Propane	Other
Crock Pot	1	0.4 amp		
Grill			Yes	
Rice Cooker	1	1.12 amp		

Equipment	Quantity	Amperage	Propane	Other

Demonstration of Knowledge:

If preparing, handling, or serving prepackaged perishable food or non-prepackaged food, the person in charge must demonstrate that he or she has adequate knowledge of food safety principles as they relate to the specific food facility operation.

Demonstration of Food Handling Knowledge	<input type="checkbox"/> Certified Food Manager	<input type="checkbox"/> Certified Food Handler	<input type="checkbox"/> UCI Food Safety Training	<input type="checkbox"/> Not Applicable
	Name and Expiration Date:			

I hereby make an application for a temporary health permit to establish and/or operate the above business, use or services in accordance with the laws, ordinances and regulations that are now or may hereinafter be in force pertaining to the above business. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business. I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate a temporary food facility at the event. Once approved by a REHS representative of Environmental Health and Safety, this document will serve as your health permit for the event.

Signature of Applicant: _____ Date: _____

Title of Applicant: _____

For Office Use Only

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- Category II (Prepackaged Food/Beverages with open sampling/dispensing)
- Category III (Preparing or handling unpackaged food/beverages)
- Community Event (2 or more food vendors)

Approved **Declined**

EHS Food Safety Program Signature _____ Date _____

Approved **Declined**

Fire Safety Program Signature _____ Date _____

Comments: