



**DEPARTMENT OF ENVIRONMENTAL RESOURCES**

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www.stancounty.com

**TEMPORARY FOOD FACILITY**

**APPLICATION FOR PERMIT**

Illegible or incomplete applications may result in delay or denial of permit.

Mark one box on the right for the type of event for which you are applying.	Community Event	
	Certified Farmer's Market	
	Swap Meet (Prepackaged non-PHF only)	
Have you attended an event in this county within the last 12 months?	Yes	No
Event has only one food vendor?	Yes	No

<u><b>D.E.R. Use Only</b></u>	
PHF	Pre-Packaged

**COMMUNITY EVENT INFORMATION**

Name of Event:		
Starting Date:	End Date:	Setup Date:
Address:		
City:	State:	Zip:
Organization:	Phone: ( ) -	
Event Contact Person:	Phone: ( ) -	

**TEMPORARY FOOD FACILITY INFORMATION**

Business Name:					
Operator Name:					
Name of the Booth / Vehicle / Cart:					
Primary Phone: ( ) -	Secondary Phone: ( ) -				
Email Address:					
Address:					
City:	State:	Zip:			
Mailing Address:					
City:	State:	Zip:			
OFF-site prep:	County:				
Address:					
City:	State:	Zip:			
Will you attend with a	Canopy	Booth	Cart	Vehicle Lic	Permit

- o Food vehicles must obtain their permit from DER prior to the event. If this vehicle has been permitted in another county within the past 2 months, operator may submit the inspection report in lieu of the inspection.
- o For Veteran's Affair exemption, please attach a copy of form DD-214 to this application for permit.

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Event Contact Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All applications for temporary food permits are to be submitted to the event organizer for approval.*

- Does any food contain meat, dairy or cut fruits or vegetables? YES NO
- Will all food and drinks served be prepackaged? YES NO
- Will all food be prepared at the temporary food facility site? YES NO
- What is the amount of time used to transfer the food to the event: \_\_\_\_\_ minutes/hours

**List all food items, including drinks, ice, and prepackaged foods such as chips or candy.**

Food Item(s)	Cooking Method (ex. fried, grilled, baked)	Holding HOT or COLD?	Name of EQUIPMENT used for hot or cold holding	Where is food purchased /obtained

**Sketch Sheet** – In the following space provide a drawing of the food booth. Identify and describe all equipment, including hand-washing facilities, dishwashing/utensil-washing facilities, cooking, hot-holding and cold-holding equipment, prep tables, food storage, and garbage containers.

How many people will be working in the booth? \_\_\_\_\_

*I, \_\_\_\_\_, have read the TFF guidelines and understand what is expected of me in order to operate my temporary food facility at this event. If I fail to provide the required items during the operation time, it may result in suspension/revocation of my permit, or further legal action.*

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_