

TEMPORARY FOOD SERVICE ESTABLISHMENT ORGANIZER APPLICATION

Organizer's Name: _____ Organizer's Phone: _____

Organizer's Address: _____
Please include suite # Street Name and # Suite City State Zip Code

Organizer's E-mail Address: _____

Event Name: _____

Event Address: _____
Street Name and # Suite City Zip Code

Set Up Date: _____ Set Up Time: _____

Event Begin Date: _____ Event Begin Time: _____

Event End Date: _____ Event End Time: _____

Number of food service vendors expected: _____

WATER SUPPLY

1. In what manner will potable water be obtained from an approved source? (Check all that apply)

- Public water system Well

Provide details on how the water is obtained (Check all that apply):

- Vendor is completely responsible for their own water supplied Bulk commercial supply (bottled) Onsite water faucet

- Onsite direct water connection (trailer inlet) Other _____

2. Source of bottled water (both individual bottle and bulk supply)? _____

TOILET FACILITIES

1. What will be used for toilet facilities for the food booth(s)?

- Central supplied facilities Portable toilets

WASTE DISPOSAL (Solid and Liquid)

1. What type container will be used for solid waste disposal in the food facility? _____

2. How will you dispose of liquid waste? _____

3. Expected number of patrons: _____

4. Anticipated number of patrons per day: _____

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- 5. Date and Time the food service establishments will be set-up: _____

- 6. Describe garbage disposal: _____

Statement: I hereby certify that the above information and any attached forms and documents are correct, and I fully understand that in accordance with DPH Rule 511-6-1 -.08 (2)(a) 4 (i) through (iii), I am responsible for the following:

- a. At least thirty days prior to the beginning of the temporary event/celebration, I will provide to the Local Health Authority a list of food vendors who will be allowed in the temporary event/celebration;
- b. To ensure that only vendors permitted by the Local Health Authority are allowed to participate in the temporary event/celebration; and
- c. To require any unauthorized or un-permitted food vendor found participating in the event to immediately leave the event premises and be charge with a violation of this Rule.

Additionally, I understand that non-compliance with DPH Rule 511-6-1 -.08 (2)(a) 4 (i) through (iii) is considered to be a violation of DPH Chapter 511-6-1 and as such and if found in violation of same, I may be subject to legal action as deemed necessary by the Local Health Authority.

If event is longer than one (1) day, please provide your daily operating schedule.

IT WILL BE THE ORGANIZER’S AND/OR PROPERTY OWNER’S RESPONSIBILITY TO ENSURE THAT ONLY VENDORS PERMITTED BY THE HEALTH AUTHORITY SHALL PARTICIPATE IN THE EVENT.

ANY UNAUTHORIZED OR UNPERMITTED VENDOR FOUND PARTICIPATING IN AN EVENT SHALL BE CHARGED WITH A VIOLATION OF THIS RULE, AND ORDERED BY THE ORGANIZER OR PROPERTY OWNER TO LEAVE THE EVENT PREMISES.

Onsite Coordinator’s Name: _____

Onsite Coordinator’s Phone : _____

Organizer’s Name: _____

Organizer’s Signature: _____ Date: _____



Georgia Department of Public Health Temporary Food Service Establishment Application

VENDOR APPLICATION MUST BE RECEIVED 30 DAYS BEFORE THE EVENT
A TEMPORARY FOOD SERVICE OPERATION MAY NOT OPERATE FOR MORE THAN FOURTEEN (14) CONSECUTIVE DAYS

The Food Service Rules and Regulation, Chapter 511-6-1.08(2) outlining the requirements for temporary food service establishment should be read in the early stages of planning.

Event Name: _____

Event Location: _____

Event Organizer: _____

Name of Organization: _____

Mailing Address: _____
Street # and Name
Suite
City
State
Zip Code

Date(s) of Operation: _____ Daily Hours of Operation: _____

Booth Name: _____

Person in charge of booth: _____ Phone #: _____

E-mail of person in charge: _____

Structure Type: Tent Mobile unit Other (Specify): _____

Applicant Name: _____ Phone #: _____

Applicant Address: _____
Street # and Name
Suite
City
State
Zip Code

Applicant Signature

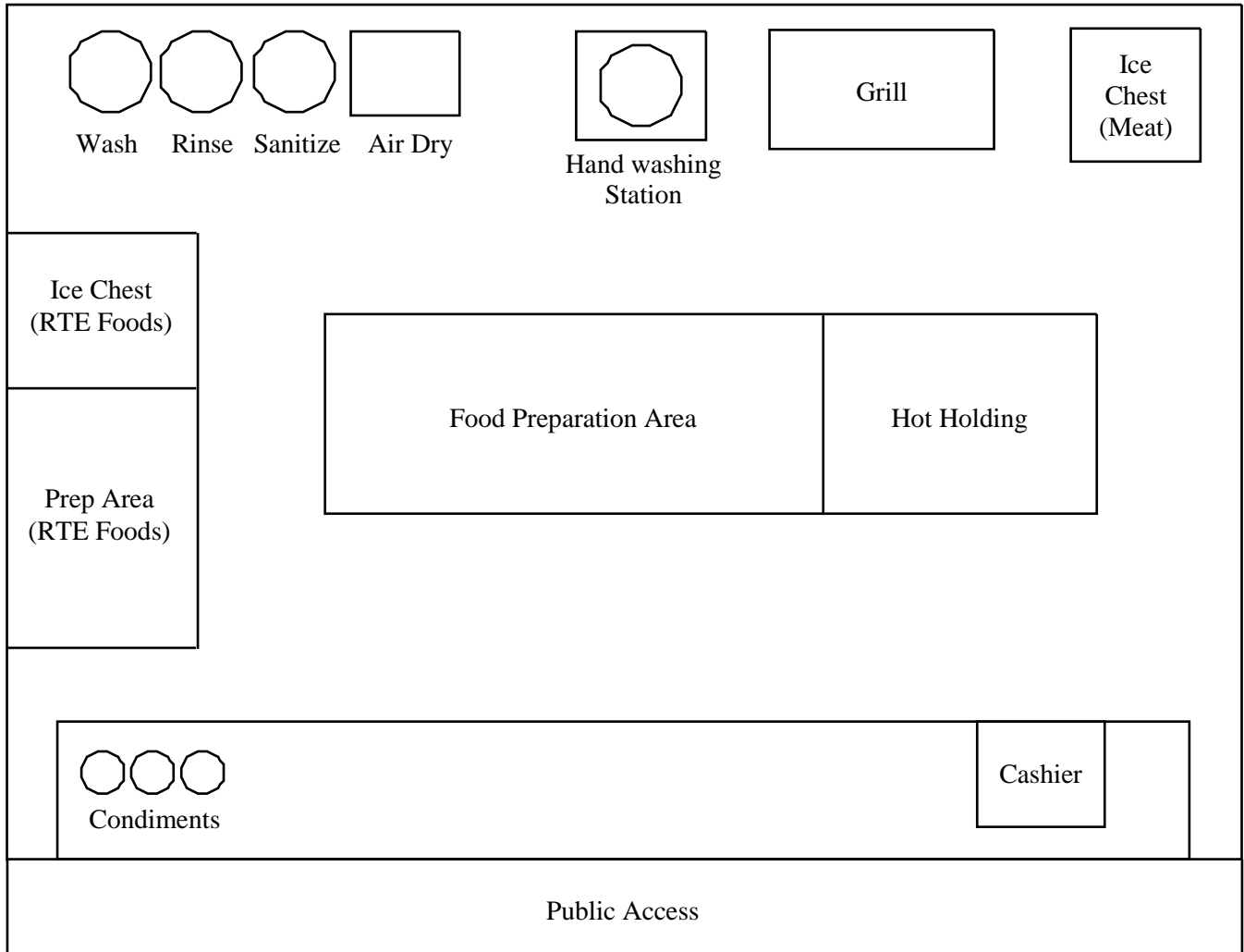
Date

**PLEASE SUBMIT A COPY OF YOUR MENU WITH THIS APPLICATION
AND INCLUDE PAYMENT OF ALL APPLICABLE FEES**

BOOTH SKETCH / FLOOR PLAN

- A. Sketch the top view (overhead) and identify all equipment including hand wash facilities, cooking equipment, refrigerators (ice chest), worktables, storage areas, sanitizing bucket and sneeze guards.
- B. Type of floor, wall and overhead covering.

SAMPLE SPECIAL EVENT FOOD FACILITY DIAGRAM



TEMPORARY FOOD SERVICE PLAN REVIEW DOCUMENTS

EQUIPMENT AND SUPPLIES

1. How will the potable water be provided and heated? _____

2. What types of wrapped single service and single use supplies will be used? _____

3. What type of equipment will be used to maintain food at 135° F (57 ° C) and higher? _____

4. What type of equipment will be used to maintain food at 41° F (5° C) or below? _____

5. What type of equipment will be used to reheat refrigerated foods for hot holding or serving? _____

6. What type of equipment will be used to cook time/temperature for safety (TCS) food? _____

7. TCS food is to be transported to the event in a hot [135° F (57 ° C)] or refrigerated [41° F (5° C)] condition from an approved supplier or source. How will you transport these products?

8. How will equipment be placed to prevent food contamination? **Show the following on the BOOTH SKETCH / FLOOR PLAN diagram found on page 2:**
 - a) Method of storage off floor / ground that will achieve at least six (6) inches off the floor / ground.
 - b) Eight (8) feet separation of cooking and preparation services from patrons or vertical barriers installed where the required eight (8) feet cannot be achieved.
 - c) Food preparation and service tables.

9. How will equipment and utensils be washed and sanitized? What sanitizer and concentration level will be used?

a) Describe the on site washing and sanitizing set up to be used and **show placement on BOOTH SKETCH / FLOOR PLAN diagram found on page 2.**

b) Permanent base of operation or food service establishment used for washing and sanitizing? Provide address and restaurant permit number (must have prior health authority approval).

10. How will the required hand washing facility be set up? **Show the location on BOOTH SKETCH / FLOOR PLAN diagram found on page 2.**

CONSTRUCTION

Booths must have overhead protection over all food preparation, food cooking, food storage and dish

1. washing areas. What type of material is to be used (tarp, wood, metal etc.)?

2. What are the floors to be constructed of (concrete, asphalt, tight wood or other material)? _____

3. How will the walls, ceilings and entrances of the food preparation area be constructed to prevent the entrance of insects?

4. What method is to be used as a barrier to flying insects at the service window areas?

- Screening (16 mesh)
- Air Curtain

5. Describe construction methods and materials that will be used for excluding insects and vermin from the food preparation areas, food service areas and from the water storage areas.

FOOD STORAGE

- 1. What type of working containers will be used for food storage in the food preparation area? _____

- 2. How will bulk food storage containers be stored in the booth? _____

- 3. How will working containers of food supplies be protected from contamination during the event? _____

FOOD PREPARATION

- 1. What will be source for ice used? Commercially made and bagged ice Ice from restaurant commissary

Please note that ice procured from a self-dispensing, bag your own ice operation will not be accepted.

- 2. All food and food supplies must be from an approved source. List the foods / supply source. _____

- 3. How will ice used for cooling or refrigeration be kept separated from ice used in beverages? _____

- 4. How will ice be dispensed for use in beverages? _____

- 5. Use the “**Food Processes Form**” on pages 8 and 9 to list all foods and their ingredients.

FOOD HANDLING

1. How will you prevent bare hand contact with ready to eat foods (check all that apply)?
- Single use disposable gloves Deli wax paper Tongs Spoons
- Scoops Other (describe): _____
2. How will you keep your food preparation areas protected from the public?
- Distance (8 feet) Barriers (describe barrier): _____

PERSONNEL AND HYGIENE

All food workers are required to restrain hair that is longer than 1/2 inch. Beard restraints will be required for beards and mustaches that exceed 1/2 inch in length. Hair and beard restraints will not apply to workers that serve only wrapped or packaged foods. Check below all that will apply.

1. Hair nets Beard / mustache nets Cap Scarf
- Other (describe restraint): _____
2. How will you control the "No Jewelry" prohibition with your food workers? _____
- _____
- _____

Food Processes Form

Operator: _____ Event: _____ Event Date(s): _____

INSTRUCTIONS:

- INCLUDE BEVERAGES, ICE, ALL INGREDIENTS AND CONDIMENTS
- LIST APPLICABLE FOOD TEMPERATURES IN PROCESSING STEPS (SUCH AS COOKING AND HOLDING)
- USE ADDITIONAL PAPER FOR ANY FURTHER EXPLANATION NEEDED FOR AN ITEM

Item #	List All Foods / Beverages and Ingredients	Where Purchased	Onsite Prep Yes / No	Thawing	Holding Temps (Cold / Hot)	Cooking Temps	Reheating Temps	Comments on Food Handling

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DO NOT WRITE BELOW THIS LINE
(DEPARTMENTAL USE ONLY)

Approved By

Date

Permit Restrictions: _____

Permit Effective Dates: Beginning: _____, _____ Ending: _____, _____

DISAPPROVAL: _____ DATE: _____, _____

Reason(s) for Disapproval: _____
