

Shasta County Department of Resource Management

Environmental Health Division

1855 Placer Street, Suite 201, Redding, CA 96001, Telephone (530) 225-5787, FAX (530) 225-5413

www.ehd.shasta.ca.us

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD FACILITY

Name of Concession _____

Name of Event _____ Date(s) _____

Location of Event _____ Time(s) _____

Concession Owner _____ Phone _____

Mailing Address _____ Email _____

Manager (if not owner) _____ Phone _____

If Non-profit Organization, IRS 501 (c) (3) State ID # _____

List all food and/or drink items to be dispensed. Include toppings and condiments. Indicate if there will be off-site food preparation, and describe the types of cooking and temperature holding equipment to be used. Use the back of this page if additional space is needed. **No home food preparation or storage is allowed except for non-profit bake sale items.**

| Menu | Off-site Food Preparation | | Cooking and Temperature Holding Equipment |
|------|---------------------------|-----------------------|---|
| | *Yes (√) | No (√) | |
| | <input type="radio"/> | <input type="radio"/> | |
| | <input type="radio"/> | <input type="radio"/> | |
| | <input type="radio"/> | <input type="radio"/> | |
| | <input type="radio"/> | <input type="radio"/> | |
| | <input type="radio"/> | <input type="radio"/> | |

Food preparation will be done: In food booth on-site ____; or

* At **regulated** off-site food facility ____ Name of facility _____

Type: Mobile Food Facility _____ *If Mobile Food Facility skip to #10*

Booth/Stand _____ *If booth or stand, continue checklist.*

1. Will you have any unpackaged food in your temporary food facility? (**Unpackaged food is food served to the customer NOT in its original packaging. This includes portioning and/or open samples.**)

Yes ____ No ____ *If yes, continue to #2, if no, skip to # 6.*

2. Dishwashing will be provided in the following manner: (*Check one*)

A three-compartment sink, integral metal drainboards, hot/cold running water, and a sewer connection or holding tanks.

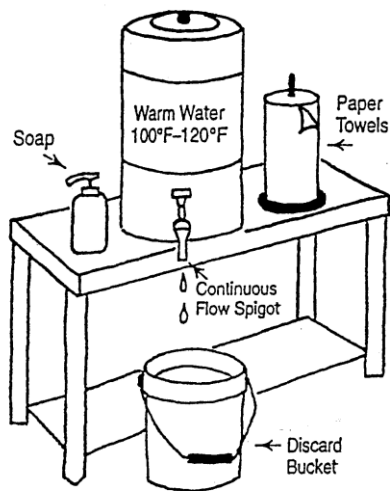
Three tub method. Warm soapy water in the first tub. Warm clean water in the second tub. A clean sanitizing solution in the last tub using 100 ppm Chlorine or 200 ppm Quaternary ammonium as the sanitizer. Note – Tubs must be sized to fit the largest utensil to be washed, and test papers must be available.

- Extra clean utensils will be brought to the event to allow for exchanging at least every four hours and for accidental dropping of utensils.
- No dishes will be used. This means no tongs, spoons, cutting boards, or spatulas. If any of these items will be used, you must provide a method for supplying clean dishes.

3. Handwashing will be provided in the following manner and setup prior to food preparation: (*Check one*)

- A single compartment sink, hot/cold running water, holding tanks or sewer/water connection, pump soap and paper towels.
- A temporary handwash station as pictured below with a warm water source. Warm water is required when raw meats, poultry, fish, and eggs are handled.
- A temporary handwash station as pictured below with cold water and disposable gloves.

Note: Cashiers and other workers handling money shall not handle food without washing hands between activities.



4. Will you provide disposable gloves in your booth? Yes No

Hands shall be thoroughly washed prior to putting on gloves and any time gloves are changed.

5. Food will be protected from customer contamination in the following manner: (*Please check all that apply.*)

- Sneeze guards
- Chafing dishes with hinged lids
- All food will be prepared and stored in a location where customer contamination cannot occur.
- Other _____

6. How will you maintain hot potentially hazardous (perishable) ** foods at or above 135°F? (*Please check all that apply*)

- Steam table
- Electric cooker
- Chafing dishes
- Other _____
- Will not have any hot potentially hazardous foods.

7. How will you maintain cold potentially hazardous (perishable) ** foods at or below 45° F ? (Please check all that apply)

- Commercial refrigerator/freezer
- Ice chests (Product must be surrounded top and bottom by ice. Raw meats must be in a completely, separate ice chest from ready-to-eat foods)
- Other (Please describe) _____
- Will not have any cold potentially hazardous foods.

8. How will you monitor temperatures of potentially hazardous food?

- Probe thermometer and probe wipes
- Booth will not have any foods requiring hot holding or cold holding for safety
- Other (Please describe) _____

9. Provide a description of your booth:

- Floor Cleanable tarp Painted plywood Concrete/asphalt
 Other (describe) _____
Grass and dirt are not approved floor surfaces.
- Walls Screen Canvas Other (describe) _____
 Plastic None
- Ceiling Canvas Other (describe) _____

** Perishable foods include but are not limited to meats, fish, eggs, dairy products, cooked rice, cooked pasta, pizza, and cooked potatoes. Any food that requires hot or cold holding for safety is included.

10. Provide a diagram of the interior layout of your booth in the space provided or attach separate sheet. Include cooking equipment, tables, hand washing, sneeze guards, and all other equipment.

11. Water Supply: Public System _____ Name _____
Private System _____ Water Source: Well _____ Spring _____ Creek _____ Other (describe) _____
Private systems may require sampling / testing prior to use.

12. Sewage Disposal: Public Sewer _____ Onsite Septic Tank and Leach Field _____

As the proprietor _____, manager _____, owner _____ of this establishment, I certify that should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of this establishment as may be promulgated. I agree to complete the Temporary Food Facility Self-Inspection Checklist the day of the event before commencing operation. I also agree that the representatives of the Environmental Health Division may make inspections and examine records during the hours when the business is open to the public. By signing this application, I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

Signature

Date

Date Received _____ By _____ Amount _____

Permit application review completed and Permit granted by _____ Date _____