



Environmental Health Division
 800 S. Victoria Ave., Ventura 93009-1730
 TELEPHONE: 805-654-2813 FAX: 805-654-2480
vcrma.org/divisions/environmental-health
 See Instructions/Fee Schedule on website for current fee.

FOR OFFICE USE ONLY	
Rcd By	_____
Date	_____
Amt Rcd	_____
Check #	_____
TE #	_____
FA #	_____
BO#	_____
P/E	_____
Submitted 30 days before event	_____
Verified by	_____

TEMPORARY FOOD FACILITY TYPE 1 OPERATOR (TFF-1) APPLICATION

FOR OPEN AND/OR POTENTIALLY HAZARDOUS FOOD, INCLUDING OPEN SAMPLING

Application must be submitted by the Event Organizer at least 30 days before the event.

Facility Name (Vendor): _____

Manager/Owner/Operator: _____ Attended TFF Class: Y N

Event Name: _____

Event Location: _____ Event Organizer: _____

Operating Dates/Times: _____ Time TFF will be ready for inspection: _____

TFF Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

TFF Onsite Contact(s): _____ Cell Phone(s): _____

FEES

Consult Instructions/Fee Schedule on Environmental Health Division (EHD) website for current fee. Attach appropriate documentation.

Number of days operating: 1 2 3 4 5 Season (Attach Schedule) Series (Attach Schedule) Certified Farmers' Market (CFM) Annual

Fee Due (Subtract waiver if applicable): \$ _____

For Profit (Attach Fee) Veteran (Attach Proof of Honorable Discharge, ie: DD214) Non-Profit Charitable (Attach Proof)

Ventura EHD TFF Food Handler Certificate attached. ** TFF Certified person must be present during hours of operation. **

FOOD OPERATION TYPE

Prepackaged PHF (Potentially Hazardous Food) Food Preparation/Service Prepackaged with sampling

Have you participated in a previous community event in Ventura County? Yes No

PART A: FOOD TO BE SOLD OR SERVED AT THE EVENT

Food preparation shall be completed either in the temporary food facility after permit inspection or at a permitted/EHD approved food facility.

List all food offered from the TFF. Specify "prepackaged" or "open."

FOOD PREPARATION/STORAGE AT OTHER LOCATION AND TRANSPORTATION

All food preparation or storage must be in a permitted or EHD approved facility. Identify any facility where advance preparation (or food storage) will take place. A letter from the permit-holder must be submitted for food preparation at a permitted food facility.

Will food be prepared in advance? Yes No Will food be stored in advance? Yes No

Name of Facility: _____ Phone Number: _____

Address of Facility: _____ Copy of permit attached.

Method of food temperature control used during transportation: _____

**** State law prohibits the use of a private home for food preparation and/or storage. ****

SAMPLING

If handling prepackaged food, will you offer samples? Yes No Prepackaged samples Open samples

Describe method of sampling

PART B: HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot or cold during hours of operation.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Cold Holding: Mechanical Refrigerator Ice Chest Cold Table N/A
 Other: _____

At the end of each operating day, discard or destroy all potentially hazardous food that was not held in a refrigerator holding at or below 41°F.

Hot Holding: Steam Table Chafing Dishes Soup Warmer/Crock Pot
 N/A Hot Holding Cabinet Hot Dog Roller Grill Electric Rice Cooker/Warmer
 Other (Specify): _____

At the end of each operating day, discard or destroy all potentially hazardous food that was held at or above 135°F.

How will food temperatures be monitored at the event? Probe thermometer Ambient thermometer

PART C: EQUIPMENT/UTENSILS USED

Will multi-use utensils (knives, scoops, spatulas, bowls, etc.) be used inside the booth for food preparation? Y N

UTENSIL WASHING SINK REQUIREMENTS

3-Compartment Utensil Washing Sink with hot (120°F) and cold running water under pressure provided by:
 Event Organizer (skip remainder of section)
 TFF Operator (complete information below, including sanitizer information)
 Prepackaged food only: No 3-compartment sink required.

Provide 3-Compartment Utensil Sink Information.
 Water tank size: _____ gallons
 Connected to drinking water supply with backflow prevention device (provide verification of source)
 Wastewater Tank Size: _____ gallons
 Source of potable water: _____

Liquid Waste Removal Provided by: TFF Operator Waste Tank Size: _____ gallons
 Event Organizer City of _____ Waste Removal Company
 Provide Address of location where liquid waste will be disposed of:

SANITIZING SOLUTION

Provide information about the type of sanitizer to be used in 3-compartment sink and/or to sanitize surfaces.

Sanitizer type: Chlorine Quaternary Ammonium Other: _____

****Ensure that appropriate test strips are available at TFF and used to test solution.****

HAND WASHING FACILITIES

Hand Washing Facilities with minimum 5 gallons potable, warm water and 7.5 gallons waste capacity tanks provided within booth:
 Permanent, plumbed sink Gravity hand washing set-up Prepackaged food only. No hand washing required.
 Portable sink with water/waste tanks and heater for 100°F water (Required at events more than 3 days long and at CFM)
NOTE: Gravity hand wash is not approved for Certified Farmers' Market (CFM) operation or for events lasting more than 3 days.

PART D: FOOD BOOTH CONSTRUCTION

Food preparation and service booths must have 4 sides, a cleanable floor (eg: asphalt, concrete, tarp, plywood) and overhead protection. The booth may have serving windows that are no larger than 216 square inches each, separated by at least 18 inches. Prepackaged food booths require cleanable floor or grass, and overhead protection. If food booth is located on dirt, approved flooring is required. Plastic tarp is not approved flooring for TFF dispensing beverages. Food and utensils must be 6" above ground.

Floor Material: _____ Wall Material: _____
 Ceiling Material: _____ Size of Pass-through Windows: _____

TEMPORARY FOOD FACILITY TYPE: Food Booth (Tent) Beverage Truck Permanent Structure (eg: Snackbar)

PART E: CERTIFICATION

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in

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order for the application to be approved and that the information provided is considered part of the application.

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code may result in the disposal of food, suspension of permit, and/or citation.

I understand that once the application is submitted the application fee is non-refundable. I also understand that if I submit the application with a missing or expired TFF training certificate OR if the TFF certified person is not present during hours of operation, no fee waiver will be given and full fee is due.

Application completed by:

Print Name: _____ Signature: _____ Telephone: _____

PART F: SKETCH OF BOOTH LAYOUT

Include location of cooking equipment, hand washing facilities, food and utensil/equipment storage, utensil washing facilities, outside condiment storage and open-air BBQ (if applicable), and trash.



Example Legend	
	Gravity hand washing
	Hand washing sink
	3-compartment sink
	Trash

Be sure to identify each item you draw.

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