



To be Completed by EACH Food/Beverage Booth/Truck Vendor/Operator and submitted to Event Coordinator

| <b>VENDOR/OPERATOR INFORMATION</b>  |                            |                                    |
|---|----------------------------|------------------------------------|
| Name of Event:  | Date(s):                   | Event Set Up Time (S):             |
| Event Location:   |                            | On Site Contact Person:            |
| Name of Booth, Organization or Company:   | Mobil Food Truck License # | On Site Phone#:                    |
| Mailing address, City, Zip of Vendor/Operator:  |                            | E-mail address of Vendor/Operator: |
| TYPE: <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Veteran Exempt <input type="checkbox"/> C.C.County Food Truck <input type="checkbox"/> Out of County Vendor/ Food Truck - provide home county health permit <input type="checkbox"/> CFO |                            |                                    |

**Type of all food/beverage to be sold or given away:** (Include beverages, ice, condiments, or attach a menu).

**Source(s) of all food/beverages purchased/prepared:** Name of Restaurant, Caterer, Cottage Food Operator, BevMo, Cosco, Safeway, etc.

**Type of holding/cooking equipment to be used:** (i.e: ice chest, barbeques, fryers, chafing dishes, steam table, etc.)

**Checklist Completed by Food/Beverage Booth Vendor/Operator**

**Pre Packaged Food/Beverages Only**

**All food/beverages will be prepackaged and no food preparation will be conducted in the booth.**

Overhead protection and approved floor cover will be on site because I am selling prepackaged food/beverages only. Yes  No

**Non Pre Packaged Food/Beverages**

- 1. I understand I **can not** prepare food/beverages at home. Yes  No
- 2. I am preparing **all food/beverages on-site** Yes  No
- 3. I am preparing all food/beverages in an approved commissary/production kitchen. Yes  No
- 4. Name & address of commissary/production kitchen: \_\_\_\_\_
- 5. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation (attach permit copy). Yes  No
- 6. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous food during all times of booth operation. Yes  No

**I am providing the following minimum hand washing facilities:**

- 7. Water supply dispenser (5-10 gallons) with hands free spigot. Yes  No
- 8. Booths with open food/beverage preparation will be required to have water temperature of 100°F for hand washing. Yes  No
- 9. One separate tub (bucket or basin) for collection of rinse/waste water. Yes  No
- 10. Pump style soap container. Yes  No
- 11. Paper towels & trash receptacle. Yes  No

**I am providing the following items within my booth for the sanitary cleaning of food preparation utensils:**

- 12. Three (3) compartment container (basin 6-8 inches minimum); (1) Detergent & Water, (2) Clean rise water (3) Appropriate sanitizing solution, (4) Test strips for checking sanitizer. See page 4 Yes  No

**I am protecting the non pre packaged food/beverage preparation areas from insects, dust, and the public by the following method:**

- 12. A booth with walls and ceiling constructed either of wood, canvas or other approved materials with fine mesh fly screening, completely enclosing open food areas. Yes  No
- 13. A booth with cleanable flooring (concrete, asphalt, tight wood or other similar cleanable material are acceptable). Yes  No
- 14. Food/beverage supplies will be stored at least 6 inches off the ground. Yes  No

**I have read the handout on Requirements for Temporary Food Facilities and will follow the guidelines provided in this handout.**

Completed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_