



Cochise County Environmental Health Division

TEMPORARY FOOD VENDOR APPLICATION

Directions: The operator of each Temporary Food Establishment must complete this application and submit it to the appropriate Cochise County Environmental Health field office 14 days prior to operation

Please complete each section, if the section does not apply please indicate N/A. Incomplete applications may delay approval.

APPLICATION SUBMISSION DATE: _____

1. NAME OF TFE/BOOTH:

2. NAME OF APPLICANT/ OPERATOR:

3. MAILING ADDRESS:

CITY _____ STATE ____ ZIP _____

4. CONTACT INFORMATION:

PHONE #: (____) _____ FAX: (____) _____

E-MAIL _____

5. NAME OF EVENT:

6. LOCATION OF EVENT:

7. DATES & TIMES OF EVENT:

8. DATE AND TIME TFE WILL BE SET UP AND READY FOR INSPECTION:

9. NAME AND NUMBER OF EVENT COORDINATOR:

NAME	PHONE NUMBER

10. USE ATTACHMENT A TO DESCRIBE MENU ITEMS, IDENTIFY SOURCE OF FOOD, DESCRIBE PREPERATION PRACTICES, SANITATION, HOT/ COLD HOLDING, AND HAND WASHING

11. USE ATTACHMENT B TO PROVIDE A DRAWING OF TFE/BOOTH:



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12. DESCRIBE FLOORS, WALLS AND CEILING SURFACES, AND LIGHTING WITHIN THE TFE:

13. WILL ALL FOOD BE PREPARED AT TFE SITE?
_____ YES _____ NO

(NOTE: IF **NO** FOOD MUST BE PREPARED AT A PERMITTED FACILITY AND A LETTER FROM THE OWNER OF THE PERMITTED FACILITY MUST BE AVAILABLE ON-SITE.)

14. WILL ELECTRICITY BE PROVIDED TO THE TFE SITE? _____ YES _____ NO
IF YES, PLEASE DESCRIBE HOW?

15. DESCRIBE POTABLE WATER SUPPLY:

(NOTE: IF A NON-PUBLIC WATER SUPPLY IS TO BE USED, THE RESULTS OF THE MOST RECENT WATER TEST MUST BE SUBMITTED)

16. DESCRIBE WASTEWATER DISPOSAL SYSTEM:

17. DESCRIBE GARBAGE DISPOSAL: (During and after event)

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Cochise County Health Department may nullify final approval.

Date: _____

Signature(s) _____

Approval of these plans and specifications by the Cochise Health and Social Services (CHSS) does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.



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ATTACHMENT A

<u>Foods / Beverages/ Condiments</u>	<u>Source</u>	<u>Preparation Site</u>	<u>Methods of Preparation and Serving - Equipment Used</u>
<i>Example: Hot Dogs</i>	<i>Example: Supermarket</i>	<i>Example: Joe's Restaurant or On-Site</i>	<i>Example: Boiled in pot on gas grill, using tongs</i>

<u>Hand Washing</u>	<u>Utensils - Cleaning and Sanitizing</u>	<u>Refrigeration Type</u>	<u>Cooking Equipment</u>	<u>Power Source</u>
<i>Example: Spigot cooler, warm water, soap, paper towels</i>	<i>Example: Tongs, Bleach Water</i>	<i>Example: Reach-In Refrigerator</i>	<i>Example: Commercial Roaster, Steam Table</i>	<i>Example: Power on Site, Diesel Generator</i>

****Attach additional sheets as necessary****



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ATTACHMENT B

(DRAWING OF TFE/BOOTH)

IN THE SPACE PROVIDED BELOW PROVIDE A DRAWING OF YOUR TFE/BOOTH.
IDENTIFY ALL EQUIPEMENT INCLUDING COOKING AND HOT/COLD HOLDING
EQUIPMENT, HAND WASHING FACILITIES, WORKTABLES, DISHWASHING FACILITIES,
FOOD AND UTENSIL STORAGE, GARBAGE CONTAINERS, AND CUSTOMER SERVICE
AREAS. (SEE EXAMPLE)

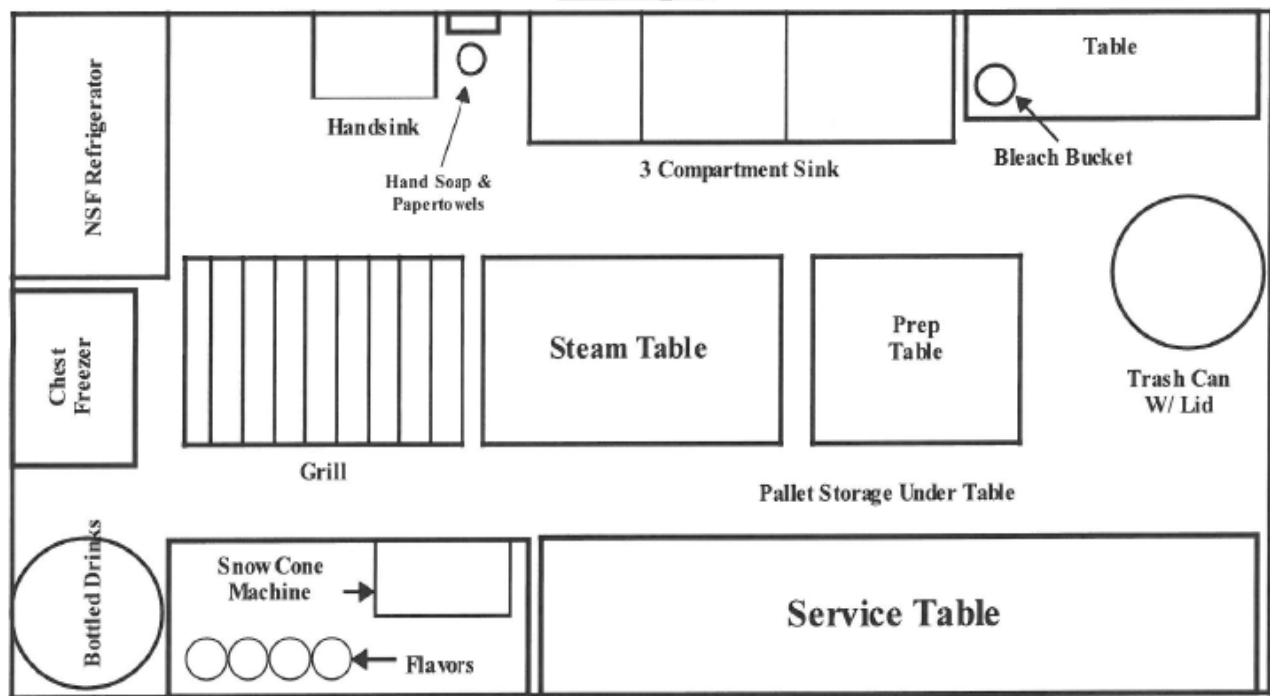


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DRAWING OF TFE/BOOTH

Example



(Front)

[Floor Plan (View from top)]



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ATTACHMENT C

PERSON IN CHARGE LOG

IN THE SPACES PROVIDED BELOW PROVIDE NAMES, DATES, AND TIMES OF THE PERSON IN CHARGE (PIC) FOR EACH SHIFT THE BOOTH WILL BE IN OPERATION.

Note: PIC is responsible for ensuring staff practice safe food handling, maintain proper temp control, limiting bare hand contact, and all other food code food safety practices.

PIC Name	Date	Time In	Time Out

****Attach additional sheets as necessary****



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After completion of the Temporary Food Vendor Application please submit either by mail or taking application directly to the appropriate Cochise County Environmental Health field office location.

Cochise Health & Social Services Locations

Main: 1415 Melody Lane, Bldg A Bisbee, AZ 85603
Phone: 520.432.9400 Fax: 520.432.9480

Benson: 126 W 5th Street Benson, AZ 85602
Phone: 520.586.8200 Fax: 520.586.2051

Douglas: 1012 N. G Avenue, Suite 101 Douglas, AZ 85607
Phone: 520.805.5600 Fax: 520.364.5453

Sierra Vista: 4115 E Foothills Drive Sierra Vista, AZ 85635
Phone: 520.803.3900 Fax: 520.459.8195

Willcox: 450 S Haskell Avenue Willcox, AZ 85643
Phone: 520.384.7100 Fax: 520.384.0309