

EVENT INFORMATION

Event Name:	
Event Date(s) - From:	To:
Operating Time(s):	
Closing Time(s):	
Event Location:	
Event Coordinator/Organizer:	Cell: _____ Email: _____

BOOTH PERMIT APPLICANT

Permit Applicant (Person/Organization):	
Booth Name:	Person in Charge:
Mailing Street Address:	Cell: _____ Email: _____
Postal Code:	Certified Food Handler: <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS WHERE THE FOOD WILL BE MADE:	
DOES THE KITCHEN HAVE A HEALTH PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Booth menu attached <input type="checkbox"/>

BOOTH CONSTRUCTION

Roof: <input type="checkbox"/> Overhead protection <input type="checkbox"/> Tent <input type="checkbox"/> Umbrella <input type="checkbox"/> Indoor	
Floor: <input type="checkbox"/> Cement <input type="checkbox"/> Raised plywood <input type="checkbox"/> Indoor flooring	
Handwash station: <input type="checkbox"/> Piped Sink <input type="checkbox"/> Portable Container	<input type="checkbox"/> Liquid Hand Soap <input type="checkbox"/> Paper Towels <input type="checkbox"/> Garbage Container
Waste water: <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Receptacle	<input type="checkbox"/> Food contact sanitizer (Quat or chlorine) <input type="checkbox"/> Sanitizer test strips

BOOTH EQUIPMENT

Cooking equipment type: <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Hot plate <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Other: _____	Hot Holding equipment type: <input type="checkbox"/> Electrical <input type="checkbox"/> Insulated containers (>60C/140F) <input type="checkbox"/> Other: _____
Refrigeration: <input type="checkbox"/> Mechanical (<5C/41F) <input type="checkbox"/> Insulated coolers with ice packs	<input type="checkbox"/> Transport Hot >60C/140F <input type="checkbox"/> Transport Cold <5C/41F
<input type="checkbox"/> Refrigerator/Cooler Thermometer(s)	<input type="checkbox"/> Metal Stem Probe Thermometer
<input type="checkbox"/> Hair restraint(s) <input type="checkbox"/> Apron(s)/Uniform(s)	<input type="checkbox"/> Single service utensils <input type="checkbox"/> Foods stored covered and protected

A copy of the **full menu items MUST be submitted** along with this application form. Any changes to the menu must be approved by the Public Health Inspector and approved menus will be strictly enforced.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_