

Mid-Ohio Valley Health Department

211 6th Street
Parkersburg, WV 26101
www.movhd.com

ENVIRONMENTAL HEALTH SERVICES

Phone: 304-485-7374

Fax: 304-422-7267

Fee:

\$72.00

Application for a Temporary Food Establishment (TFE) Permit

TFE Name/Operator: _____ Non-Profit organization? ☐ YES ☐ NO

Name of event: _____

Event Location: _____

Event Date(s): _____

Operation Type:

☐ No PHF

PHF= Potentially Hazardous Foods- foods that require temperature control for safety

Menu features no PHF's or only pre-packaged PHF's sold.

☐ Limited

Menu features 1 or 2 PHF's. On-site preparation or off-site preparation and transport. All raw meats and seafood in ready-to-cook form. Same day preparation only (no cooking and cooling on-site.)

☐ Full

Menu features several PHF's. Includes on-site preparation of raw meat, seafood, produce, and fruits.

Includes next day preparation.

TFE Type:

☐ Tent

☐ Mobile Food Unit

☐ Permanent Structure

☐ Other _____

Water and Sewer:

Water Source: _____

Wastewater Disposal: _____

How will you (if applicable):

Hold PHF's at 41 °F or below or 135 °F or above: _____

Maintain above temperatures during transport: _____

Wash and sanitize utensils: _____

Menu

List all foods that you will be serving. If a food is pre-packaged write that in the "Prepared Where?" section.

Key: RTE= Ready to Eat RTC= Ready to Cook PHF= Potentially Hazardous Food

| Food | Ingredients | Prepared Where? | RTE? | RTC? | PHF? |
|------|-------------|-----------------|------|------|------|
| | | | | | |

Employee Log

List all employees that will be working at the event

| Name | Duties | Date(s) | Time In | Time Out | Food Handler's Card? |
|------|--------|---------|---------|----------|----------------------|
| | | | | | |

TFS Setup Sketch

Use this area to make a drawing of the setup of your TFE. Be sure to show the locations of hot and cold holding units, utensil washing station, hand washing station, food prep areas, cooking areas, and food storage areas. Please give as many details as possible; this will help with the approval process. Drawing does not need to be to scale.



I hereby certify that this application is true and complete to the best of my knowledge. I agree to inform the Health Department if there are any changes to the menu, equipment, or set-up listed in this application.

Applicant Name: _____ Signature: _____

Date: _____ Phone #: _____ Address: _____

Health Department Use Only

Date Received: _____ Fee Paid: _____ Reviewed by: _____

☐ Approved ☐ Denied Permit #: _____ Comments: _____