

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION PACKET

A **Temporary Food Establishment** as defined in the Virginia Food Regulations 12 VACS 5-421-10 is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

To apply for a temporary food establishment permit:

1. Complete and submit an application form (Pages 5 - 7) for each event and for each booth at each event at least 10 business days prior to the event. Applications must be submitted to the health department in which the event is located.
2. A \$40.00 application fee is required for the first application submitted during the calendar year (January 1 – December 31). No additional fees are required for the remainder of the calendar year. The annual application fee may be paid at any Health Department in the state. It is the responsibility of the vendor to keep the payment receipt and to provide copies of the receipt as proof of payment with each application submitted. If an applicant cannot produce a receipt, a \$40.00 fee will be charged. Organizations that are exempt under the *Code of Virginia* §35.1-25 and §35.1-26 are exempt from temporary permit fees even if they are participating in a non-exempt temporary event.
3. If you are using a permitted mobile food unit, submit a copy of that permit. The fee is not required.

Applications and fees must be received by the Health Department at least (10) business days prior to the temporary event. Please send the completed application(s) and fee(s) to the appropriate Health Department below.

- Use the self-inspection form, page 3, to ensure that you are prepared and have met the requirements of the Regulations.
- Please keep pages 1 through 4 for your use and return pages 5 through 7 (the application) to the Health Department.

An Environmental Health Specialist reviews your application and will call to discuss your operation and obtain additional information if needed. If there are no additional questions, they will see you the day of the event. Permits for Temporary Events are issued by the Health Department on the day of the event, prior to the start of the food operations.

If you have any questions, please call us at the phone number(s) that are located on Page 2. We look forward to working with you!

SELF INSPECTION FORM

	AREA OF CONCERN
<input type="checkbox"/>	1. Review Temporary Food Establishment Application Packet.
<input type="checkbox"/>	2. Review proper food handling practices and employee hygiene requirements i.e., proper hand washing; proper use of gloves; no illness, proper hair restraints; clean clothing; no artificial nails; no jewelry, etc.
<input type="checkbox"/>	3. Hand washing facilities: hot water, soap, paper towels, catch basin, wastebasket.
<input type="checkbox"/>	4. Food Source: approved, in sound condition, no spoilage
<input type="checkbox"/>	5. Potentially hazardous foods kept at proper temperature during transportation, storage, preparation, cooking, display, and service
<input type="checkbox"/>	6. Food protected from contamination: wrapped, sneeze guards/shields, 6"+ off the ground. Food protected from insects, rodents, birds, and animals. Single service items stored and dispensed in plastic sleeve, utensils dispensed with handles up.
<input type="checkbox"/>	7. Facilities provided to maintain product temperatures (refrigerator, freezer, drained coolers w/ ice, etc.) Cold: 41°F or below. Hot: 135°F or above
<input type="checkbox"/>	8. Thermometers provided: dial probe or digital thermometer for taking product temps (0°F - 220°F), indicating thermometers for refrigeration units.
<input type="checkbox"/>	9. Ice storage adequate, 6"+ off the ground, self-draining with catch basin, scoop stored in ice with the handle extended
<input type="checkbox"/>	10. The floor may be concrete, asphalt, or dirt / gravel if it is covered with mats, removable platforms, duckboards, or other suitable approved materials that are effectively treated to control dust and mud.
<input type="checkbox"/>	11. Equipment cleaned thoroughly <u>PRIOR TO THE EVENT</u> , kept clean, stored properly
<input type="checkbox"/>	12. Proper facilities to wash, rinse, and sanitize equipment and utensils. MUST HAVE HOT WATER. Wash basins should be large enough to accommodate the biggest item to be washed.
<input type="checkbox"/>	13. Sanitizer with appropriate test strips, i.e., chlorine bleach and chlorine test strips.
<input type="checkbox"/>	14. Water source approved; Hot and cold water provided; food grade hoses used.
<input type="checkbox"/>	15. Approved and adequate disposal of sewage and all waste water
<input type="checkbox"/>	16. Adequate collection and disposal of grease and garbage.
<input type="checkbox"/>	17. Overhead protections (tent, pavilion, etc.); Lighting adequately shielded.
<input type="checkbox"/>	18. Wiping cloths: clean, stored in sanitizing solution, use restricted to employees only. Alternative to wiping cloths: paper towels and a spray bottle of sanitizing solution.
<input type="checkbox"/>	19. Toxic items labeled and stored separately from food and single service items. No pesticides stored or used on site.

Crater Health District
Application for Temporary Food Establishment

- Please print legibly or type
- Application and any applicable fees must be submitted at least 10 business days prior to the event.
- If the \$40.00 fee has been paid reached for the current calendar year and any of the fees were paid in another Locality or Health District, please attach copies of your receipts.
- Failure to provide the necessary information regarding your operation will delay the processing of your application.
- You must be set-up completely and ready for inspection at least 1 hour prior to the event start time!

EVENT – GENERAL INFORMATION

EVENT NAME: _____

SPONSORING ORGANIZATION: _____

EVENT COORDINATOR: _____

EVENT COORDINATOR PHONE NUMBER: _____

EVENT LOCATION ADDRESS: _____

EVENT LOCATION PHONE NUMBER: _____

DATE(S) OF OPERATION: _____ TIME(S) _____ TO _____

RAIN DATE(S): _____ TIME(S) _____ TO _____

APPLICANT INFORMATION

NAME OF ORGANIZATION/BOOTH: _____

COMPLETE MAILING ADDRESS: _____

ORGANIZATION REPRESENTATIVE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBERS: (Work) () _____

(Home) () _____

(Cell) () _____

INDIVIDUAL RESPONSIBLE FOR FOOD PREPARATION ONSITE: _____

TEMPORARY FOOD ESTABLISHMENT INFORMATION

TYPE OF FOOD FACILITY: _____
(Beverage, Wagon, Booth, Kitchen, Tent, etc.)

CONDIMENTS AND SERVING METHODS (INDIVIDUAL OR BULK CONTAINERS)	UTENSILS (SERVING, COOKING, EATING)	TYPE OF REFRIGERATION (COOLERS, REFRIGERATOR, TRUCK)	COOKING EQUIPMENT*	TYPE OF SANITIZER/ TEST STRIPS

* All cooking or reheating equipment must be able to rapidly heat foods to 165°F or above. CROCK POTS ARE NOT ACCEPTABLE FOR THE COOKING OR REHEATING OF FOODS.

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in the denial of my application for a permit or in the suspension of my permit, per 12 VAC 5-421-3730 and 12 VAC 5-421-3770, Commonwealth of Virginia Board of Health Food Regulations, January 2010.

OPERATOR SIGNATURE

DATE

Coordinator's Application for a Temporary Event with Food Vendors

Please print or type the information requested below and return the completed application by mail or fax to the appropriate Health Department. Each food vendor must complete the Temporary Food Establishment Permit Application Packet. The vendor application(s) must be submitted at least 10 working days prior to the date of the event. The coordinator is responsible for timely submission of all applications. For more information, please contact your local Health Department.

1. NAME OF EVENT: _____

Address of Event: _____

Date(s) of Event: Starts on _____ (MM/DD/YY) at _____ AM PM

Ends on _____ (MM/DD/YY) at _____ AM PM

Type of Event: Fair Festival Carnival Other _____

2. NAME OF COORDINATOR OR PERSON-IN-CHARGE OF THE EVENT:

Name: _____

Address: _____

Phone Numbers: Work: () _____

Cell: () _____

Fax: () _____

Email Address: _____

3. NUMBER OF ANTICIPATED FOOD VENDORS _____

(i.e., restaurants, non-profit organizations, gourmet food vendors with samples, mobile food catering units, etc.)

4. TIME OF SET-UP OF THE FOOD OPERATIONS: _____ AM PM

NOTE: This is the time you have asked the food vendors to be ready for the inspection by the Health Department. This time should be at least 1 hour prior to the start time of the event. Please allow more time for events with more than 5 vendors. No foods can be prepared and/or offered for sale or sample until the permit is issued by the Health Department.

Dinwiddie Health Department
14006 Boydton Plank Road
Dinwiddie, Virginia 23841
(804) 469-3771
(804) 469-9379 FAX

Greensville/Emporia Health Department
140 Uriah Branch Way
Emporia, Virginia 23847
(434) 348-4210
(434) 348-4281 FAX

Hopewell Health Department
1501 West City Point Road
Hopewell, Virginia 23860
(804) 458-1297
(804) 541-3023 FAX

Petersburg Health Department
Attn: Candy Cofer
301 Halifax Street
Petersburg, Virginia 23803
(804) 862-8944
(804) 862-7640 FAX

Prince George Health Department
6450 Administration Drive
Prince George, Virginia 23875
(804) 733-2630
(804) 862-6127 FAX

Surry Health Department
474 Colonial Trail West
Dendron, Virginia
(757) 294-3185
(757) 294-3756 FAX

Sussex Health Department
Sussex County Courthouse Complex
20103 Princeton Road
PO Box 1345
Sussex, Virginia 23884
(434) 246-8611
(434) 834-3883 FAX