



Temporary Food Establishment Permit Application

Establishment Information

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|---------------------|-----------------|
| Establishment Name: | Owner Name: |
| Mailing Address: | City/State/Zip: |
| Email Address: | Phone Number: |

Commissary Information

| | |
|--------------------------|--------------------------|
| Commissary Name: | Commissary Owner: |
| Commissary Address: | City/State/Zip: |
| Permitting Health Dept.: | Commissary Phone Number: |

Single Event Information (Annual TFE Permits: List additional events on the back of this form)

| | |
|------------------|------------------------|
| Name of Event: | Date(s) of Event: |
| Event Organizer: | Event Organizer Phone: |
| Event Location: | Event Hours: |

| Plan Review (Select One) | | Permit (Select One) | |
|--|-------|---|--------|
| <input type="checkbox"/> Prior Plan Review (current year) | \$ 0 | <input type="checkbox"/> Single Event - Tier/Risk 1 | \$ 30 |
| <input type="checkbox"/> Standard Plan Review | \$ 20 | <input type="checkbox"/> Single Event - Tier/Risk 2 | \$ 41 |
| <input type="checkbox"/> Late Plan Review (submitted <2 days prior to event) | \$ 41 | <input type="checkbox"/> Annual - Tier/Risk 1 | \$ 108 |
| <input type="checkbox"/> Site Review (permitted on-site) | \$ 51 | <input type="checkbox"/> Annual - Tier/Risk 2 | \$ 144 |
| Plan Review Total \$ | | Permit Total \$ | |
| | | Total Payment Due \$ | |

Payment Information (Office Use Only)

Date Paid: _____ Amount Paid: _____ Receipt # _____
 Permit No. _____ Plan Review No. _____ Office Initials: _____

Notes

Temporary Food Establishment Event List

- Please list the SEUHD public events you plan to operate at with this permit.
- If you decide to add events later, please resubmit this page with the new events listed.
- You are required to notify the SEUHD of additional events at least 72 hours in advance.

Event Information

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|------------------|------------------------|
| Name of Event: | Date(s) of Event: |
| Event Organizer: | Event Organizer Phone: |
| Event Location: | Event Hours: |

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| Event Location: | Event Hours: |



Temporary Food Establishment Plan Review

Modified Risk Assessment (Office Use Only)

| | |
|---|---|
| 1. Does the establishment prepare, store, or serve any raw meat? | <input type="checkbox"/> Yes ⇨ Tier/Risk 2 |
| | <input type="checkbox"/> No Proceed to 2 |
| 2. Does the establishment prepare, store, or serve 3 or more TCS foods? | <input type="checkbox"/> Yes ⇨ Tier/Risk 2 |
| | <input type="checkbox"/> No Tier/Risk 1 |

Plan Review Approval (Office Use Only)

EHS Signature: _____ EHS Name (Print): _____ Date: _____

Payment Information (Office Use Only)

Date Paid: _____ Amount Paid: \$ _____ Receipt # _____
Plan Review No. _____ Office Initials: _____

Notes

Hot/Cold Holding Equipment

Identify methods that will be used to maintain food hot or cold during hours of operation. Check all that apply.

- Cold Holding**
- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Mechanical Refrigeration | <input type="checkbox"/> Ice Chest | <input type="checkbox"/> Cold Table |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other (Specify) _____ | |

- Hot Holding**
- | | | |
|--|--|---|
| <input type="checkbox"/> Steam Table | <input type="checkbox"/> Chafing Dishes | <input type="checkbox"/> Electric Soup Warmer |
| <input type="checkbox"/> Hot Holding Cabinet | <input type="checkbox"/> Hot Dog Roller Grill | <input type="checkbox"/> Electric Rice Cooker |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other (Specify) _____ | |

Food Protection

Required Protection:

- Overhead Protection
- Protection from the Public
- Dust Control

- | | | |
|---|---|--|
| <input type="checkbox"/> Sneeze Guards | <input type="checkbox"/> Pre-Packaged Food & Drinks | <input type="checkbox"/> Stored six (6) inches off the floor |
| <input type="checkbox"/> Covered Dishes | <input type="checkbox"/> Prepared Away from Customers | <input type="checkbox"/> Protected During Storage |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other (Specify) _____ | |

Equipment/Utensils Requirements

- All eating and drinking utensils give to the public must be disposable.
- All utensils and equipment must be washed, rinsed, and sanitized before use.
- All dishwashing setup is required for Temporary Food Establishment's (TFE) operating at events lasting longer than four (4) hours, unless there are sufficient replacement utensils brought to the event

Sink Requirements

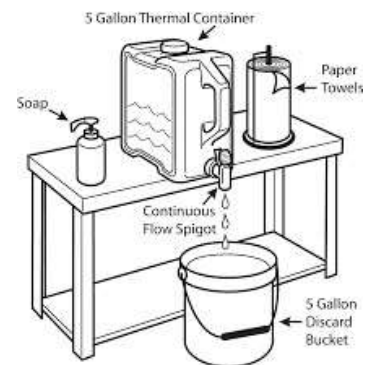
Handwash Setup

A handwash station is required for all TFEs

- **Operating without a complete handwash station will result in closure of your booth if not corrected immediately.**

A complete handwash station requires:

- Liquid Soap
- Paper Towels
- Five (5) Gallon Clean Water Minimum with Continuous Flow Spigot
- Five (5) Gallon Discard Bucket



Dishwashing Setup (check all that apply)

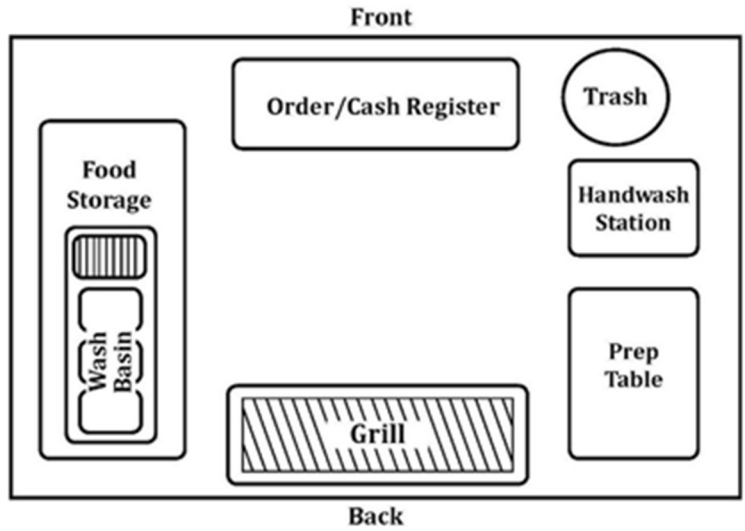
- | | |
|--|---|
| <input type="checkbox"/> Permanently Plumbed Sink | <input type="checkbox"/> Self-Contained Portable Sink |
| <input type="checkbox"/> Three (3) compartment/Container Sink | <input type="checkbox"/> Pre-Packaged Food Only |
| <input type="checkbox"/> Extra Utensils Provided (cleaned and sanitized at permitted food establishment) | <input type="checkbox"/> Disposable Utensils Used |



TFE Sketch

In the following space, provide a drawing of your proposed TFE.

- Draw and label all equipment, food preparation tables, food storage, dishwashing, and handwashing.
- See **example** below.



Final Review



Initial next to the statements below, indicating that you understand and will abide by them.

- 1 A hand wash station with dispensed soap, paper towels and a continuous or (hands-free) spigot is required to be set up for use prior to beginning any food preparation and must be maintained supplied throughout the event. ESTABLISHMENT WILL BE CLOSED IF OPERATING WITHOUT A PROPERLY SETUP HAND WASH STATION. _____
- 2 Bare hand contact with any ready-to-eat food item is not allowed. _____
- 3 All Time and Temperature Control for Safety (TCS) foods held cold shall be held at or below 41°F, including transport. All TCS foods held hot shall be held at or below 135°F or higher at all times. FOODS REQUIRING TEMPERATURE CONTROL MUST BE DISCARDED IF HELD IN THE TEMPERATURE DANGER ZONE. _____
- 4 The establishment must have at least one person present with proof of a valid food handler permit. _____
- 5 All garbage must be contained in leak-proof containers and properly disposed. _____
- 6 Wastewater must be disposed to the public sewer system. Wastewater includes all liquid waste such as wash water, ice melt. Wastewater may not be discharged onto the ground, into storm drains, or waterways. _____
- 7 Potable water must be used for all establishment operations. Hoses used for obtaining potable water must be food grade and dedicated to that use only. _____
- 8 All food must be obtained from a commercial source. _____
- 9 Garbage and refuse container must be provided in the booth. They must be lined with plastic bags, and disposal frequency must be adequate to prevent spillage or nuisance. _____
- 10 All food must be prepared on-site, or at a permitted food establishment. _____
- 11 The permit to operate must be posted in public view. _____
- 12 I understand the following conditions will warrant immediate closure:
 - Lack of a valid permit.
 - Lack of a properly setup handwash station.
 - Foods prepared at or brought from home.
 - Imminent health hazards.
 - Lack of equipment or capacity to hold foods under proper temperature control.

Conditions of Permit

I hereby certify that all information provided is correct, and I fully understand that any deviation, without approval from the Southeast Utah Health Department Environmental Health Sciences Division, may result in the suspension of any permit issued. I understand that compliance with all rules and regulations, as defined in the Utah Code R392-100 (Food Service Sanitation) and the SEUHD Food Service Regulation, is a requirement for obtaining and maintaining a permit in the SEUHD district. The permit is only valid for the public events and the inclusive dates listed on it. The Environmental Health Sciences Division can make additional requirements as necessary.

Applicant Signature: _____ Applicant Name (Print): _____