

# Shasta County Department of Resource Management Environmental Health Division

1855 Placer Street, Suite 201, Redding, CA 96001, Telephone (530) 225-5787, FAX (530) 225-5413

## APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

Name of Concession \_\_\_\_\_

Name of Function \_\_\_\_\_ Date(s) \_\_\_\_\_

Location of Function \_\_\_\_\_ Time(s) \_\_\_\_\_

Concession Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

If Non-profit Organization, IRS 501 (c) (3) State ID # \_\_\_\_\_

Manager (if not owner) \_\_\_\_\_ Phone \_\_\_\_\_

List all foods and/or beverages to be dispensed. Indicate if there will be offsite food preparation, and describe the types of cooking and temperature holding equipment to be used. Use back if additional space is needed.

Food or Beverage	Offsite Food Preparation		Cooking Equipment (See # 5 and # 6 for temperature holding equipment/methods.)
	*Yes (✓)	No (✓)	

**NOTE: No home food preparation or storage is allowed.**

Food preparation will be done: In food booth enclosure onsite \_\_\_\_\_  
 \* At regulated offsite food facility \_\_\_\_\_ Name of facility \_\_\_\_\_

Utensils Used: Multiuse \_\_\_\_\_ Single Service (disposable) \_\_\_\_\_ None \_\_\_\_\_

Type: Mobile Food Preparation Unit \_\_\_\_\_ If Mobile Food Preparation Unit, skip to # 9  
 Booth/Stand \_\_\_\_\_ If booth or stand, continue checklist.

1. Will you have any unpackaged food in your food facility? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, continue checklist, if no, skip to # 5)

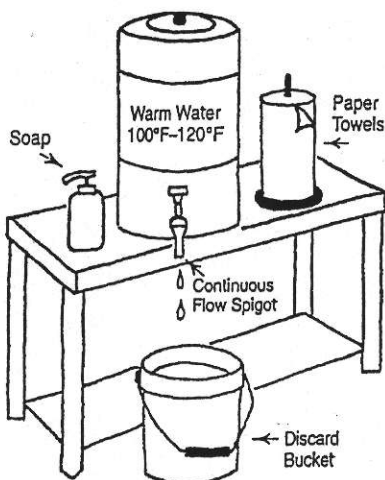
2. Dishwashing will be provided in the following manner: (Check one)

- A three compartment sink, integral metal drainboards, hot/cold running water, and a sewer connection or holding tanks.
- Three tub method. Warm soapy water in the first tub. Warm clean water in the second tub. A warm clean sanitizing solution in the last tub using 100 ppm Chlorine or 200 ppm Quaternary ammonium as the sanitizer. Note – Tubs must be sized to fit the largest utensil to be washed.
- Extra clean utensils will be brought to the event to allow for exchanging at least every four hours and for accidental dropping of utensils.

No dishes will be used. This means no tongs, spoons, cutting boards, or spatulas. If any of these items will be used, you must provide a method for supplying clean dishes.

3. Handwashing will be provided in the following manner: (Check one)

- A single compartment sink, hot/cold running water, holding tanks or sewer/water connection, pump soap and paper towels.
- A temporary handwash station as pictured below with a warm water source.
- A temporary handwash station as pictured below with cold water and disposable gloves.



4. Will you provide disposable gloves in your booth?  Yes  No

5. How will you maintain hot potentially hazardous (perishable) \*\* foods at or above 135°F? Please check all that apply.

- Steam table
- Electric cooker
- Chafing dishes
- Other \_\_\_\_\_
- Will not have any hot potentially hazardous foods.

6. How will you maintain cold potentially hazardous (perishable) \*\* foods at or below 45° F ? Please check all that apply.

- Commercial refrigerator/freezer
- Ice chests (Product must be surrounded top and bottom by ice. Raw meats must be in a completely separate ice chest from ready-to-eat foods)
- Other (Please describe) \_\_\_\_\_

Will not have any cold potentially hazardous foods.

7. Provide a description of your booth:

Floor  Cleanable tarp  Painted plywood  Concrete/asphalt  
 Other (describe) \_\_\_\_\_

**Grass and dirt are not approved floor surfaces.**

Walls  Screen  Canvas  Other (describe) \_\_\_\_\_  
 Plastic  None (**Non-profits only**)

Ceiling  Canvas  Other (describe) \_\_\_\_\_

\*\* Perishable foods include but are not limited to meats, fish, eggs, dairy products, cooked rice, cooked pasta, pizza and cooked potatoes.

8. Provide a diagram of the interior layout of your booth (include cooking equipment, tables, handwashing etc) in the space provided:

9. Water Supply: Public System \_\_\_\_\_ Name \_\_\_\_\_  
Private System \_\_\_\_\_ Water Source: Well \_\_\_\_\_ Spring \_\_\_\_\_ Creek \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Private systems may require sampling / testing prior to use.

10. Sewage Disposal: Community Sewer \_\_\_\_\_ Septic Tank \_\_\_\_\_

*As the proprietor \_\_\_\_\_, manager \_\_\_\_\_, owner \_\_\_\_\_ of this establishment, I certify that should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of this establishment as may be promulgated. I also agree that the representatives of the Environmental Health Division may make inspections and examine records during the hours when the business is open to the public. By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received \_\_\_\_\_

By \_\_\_\_\_

Amount \_\_\_\_\_