

**NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFE OPERATOR INFORMATION	EVENT INFORMATION
Name of Owner and DBA:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Contact Information:	City/State/Zip Code:
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Hours of TFE Operation (include time set-up will begin):
Event Organizer's Name:	Date(s) of Event: Anticipated Maximum Attendance at Peak Time: _____
On-site (Person-in-Charge) Contact:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-site Contact Cell Phone:	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.			
List Menu Item	Prepackaged	Prepared on site	Prepared at Other Location**

****For food items that will be prepared at other location provide the following information and obtain required signature from approved food establishment:**

Food Establishment Name	Name of Permit Holder
Address and City	Permit #
Signature of Permit Holder	Contact #

TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS

Booth Construction

Overhead Covering Canvas Wood Other: _____

Floor Asphalt Concrete Wood Other: _____

Walls Screens Concrete Wood Other: _____

Booth supplied by: TFE Operator Event Organizer Rent from: _____

Sketch the general layout of the Temporary Food Establishment on page 3 of this application.

Utensils and Equipment

- Single-serve eating and drinking utensils
- Multi-use kitchen utensils

Type of Utensil Washing Set Up:

- Three basin set-up
- Shared three compartment sink
- Three compartment sink within a food establishment

Sanitizer to be used:

- Chlorine
- Quaternary Ammonia
- Iodine

Handwashing Facilities

- Provided by :
- Event Coordinator
 - FE Operator

Type of handwashing facility:

- Gravity-fed water with spigot/bucket
- Self-contained portable unit (with potable water and waste water holding tanks)
- Plumbed with hot and cold water under pressure

Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.

Food Storage or Display Equipment

Identify all holding equipment that will be used:

Toilet Facilities for Food Employees

- Provided by :
- Event Coordinator
 - FE Operator

Cooking Equipment

Identify all cooking equipment that will be used:

Electrical Supply:

- Refrigerator or Freezer available
- Lighting available

Food Transportation

Identify how food will be transported to event:

Refuse Removal

Identify responsible party for waste removal:

Food Employees

Certified Food Manager available

- Yes No

Name: _____

of food employees: _____

Liquid Waste Removal

Identify responsible party for liquid waste removal:

Frequency of liquid waste removal: _____ per day

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities (if not using shared facilities)
3. Location of trash disposal containers
4. Location of worktables, food, and single-service storage



A temporary food establishment permit will not be issued unless this application meets all applicable requirements of the Kentucky Food Code and the 2013 Food Code. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishment.

Applicants Name (Print): _____

Applicants Signature: _____ Date: _____

