

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 <small>(See # 5 and # 6 for temperature holding equipment/methods.)</small> |
|------------------|--------------------------|--------|--|
| | *Yes (✓) | No (✓) | |
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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.

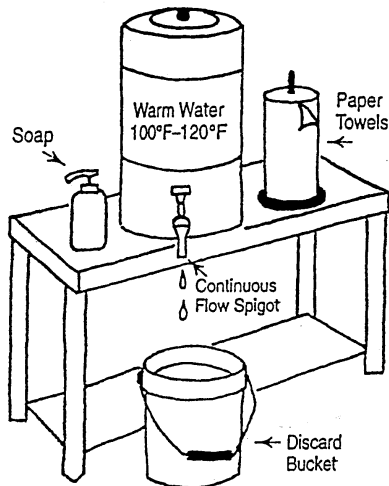
No dishes will be used. This means no tongs, spoons, cutting boards, or spatulas. If any of these items will be used, you must provide a method for supplying clean dishes.

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 _____