

## Fayette County Health Department 416 W. Edwards St. Vandalia II 62471 Ph. (618) 283-1044 Fax (618) 283-5038



## **Temporary Food Establishment Permit Application**

| Name of Establishment / Boo<br>Operator in Charge of the Boo                | th:   |                           |                                     |  |  |  |
|---|---|---------------------------|-------------------------------------|--|--|--|
| Address:  | arge of the Booth:Phone:  |                           |                                     |  |  |  |
| Date(s) of Event:   |   |                           |                                     |  |  |  |
| Set-up Time:Starting Serving Time: Ending Serving Time:                     |   |                           |                                     |  |  |  |
| Method of hand washing avai   | lable:  |                           |                                     |  |  |  |
| Food Preparation Location:  |   |                           |                                     |  |  |  |
|   | site or in a facility pre-a   |                           | artment. Food shall not be prepared |  |  |  |
| Menu  | Items   | Source (wher              | e menu items are purchased)         |  |  |  |
|   | ***************************************   |                           |                                     |  |  |  |
|   |   |                           |                                     |  |  |  |
|   |   |                           |                                     |  |  |  |
|   |   |                           |                                     |  |  |  |
| If any Certified Food Protection  | on Managers will be preson  | ent, please list their in | nformation:                         |  |  |  |
| Name:   | me: FSSMC Number:   |                           | Date of Renewal:                    |  |  |  |
| A   |   |                           |                                     |  |  |  |
|   |   |                           |                                     |  |  |  |
| T. 4. 1. 1. 1   |   |                           |                                     |  |  |  |
| Establishment Fees: lday event – No Fee                                     |   |                           |                                     |  |  |  |
| 2 or more days - \$25.00 (no fee required for not-for-profit organizations) |   |                           |                                     |  |  |  |
| **Please submit permit applic   | **Please submit permit application and payment at least 2 weeks prior to the event. |                           |                                     |  |  |  |





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| <u>Ch</u> | eck each box to verify you h  | ave read each action  | Proper Hand Wash Station                           |  |  |  |
|-----------|---|---|--|--|--|--|
|           | in a restroom) will b<br>where food is being<br>dispenser, and paper  | A hand washing station (as illustrated) or a sink (not be provided. Either must be within 20 feet of the place handled. Either must have running water, soap in a towels. (Note: Portable water supply must have r to flow freely – no push buttons allowed). | 5 Gallon Thermal Container  Warm Water 100°F-120°F |  |  |  |
|           | Cold food will be kept at 4  Describe how food v  | 41 degrees or lower while in storage. will be kept cold:  | 6 Continuous 6 Flow Spigot                         |  |  |  |
|           | Hot food will be kept at 13 Describe how food v   | 35 degrees or higher after cooking. will be kept hot:   | Bu   |  |  |  |
|           | A stem thermometer will be placed in all cold   | be available for checking the temperature of hot food a holding equipment.  | and a thermometer will                             |  |  |  |
|           | Food will only be prepared on-site or at an off-site location approved in advance of the event by the Fayette County Health Department. <b>There will be no home preparation of food.</b> |   |  |  |  |  |
|           | Three pans will be provided (or a three compartment sink) to wash, rinse, and sanitize food handling utensils. Utensils will be air dried. What type of sanitizer will be used:           |   |  |  |  |  |
|           | A bucket or spray bottle containing sanitizing solution will be provided to clean food preparation counters.  |   |  |  |  |  |
|           | Gloves will be worn by all  | people handling ready-to-eat food.  |  |  |  |  |
|           | temporary event. If I am no<br>to the person who is respon  | ove for safe food handling and agree to implement of responsible for food handling at the event, I will solve for food handling and will make sure they agains, or the event is cancelled, call the Fayette Courtee.  | provide this checklist ree to abide by these       |  |  |  |
|           | Signature:  | Date:   | and description.                                   |  |  |  |
|           | Printed Name:   |   |  |  |  |  |