



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805)781-4211
Email: ehs@co.slo.ca.us

MULTIPLE EVENT

**TEMPORARY FOOD FACILITY
CHECKLIST**

MULTIPLE EVENT

ITEMS NECESSARY TO OPERATE AN APPROVED TEMPORARY FOOD FACILITY:

(Keep this page as your event preparation checklist)

- Health permit** (obtain from office)
 - Application complete, submitted to health department TWO WEEKS PRIOR**
 - Health Permit Fees paid, submitted with application** (fee exemption for nonprofit organizations and veterans, proof of nonprofit and/or VA form required)
 - Approval by the Event Organizer**
 - Demonstration of knowledge** (knowledge of food safety principles, see the “Temporary Food Facility Guidelines” handout on the web at: <http://www.slocounty.ca.gov/TemporaryFoodFacilityOperationalRequirements>)
- Food from an approved source** (shellfish tags provided)
- Proper booth enclosure, floor covering; identification** (full/partial enclosure dependent on operation)
- Food, equipment, utensils: Approved; Protected from contamination**
 - sneeze guards
 - customer self service (condiments, single service utensils)
 - foods covered and off floor
 - BBQ equipment barricaded from public access (risk and contamination prevention)
- Appropriate cold and hot holding temperatures** (cold food below 45° F, hot food above 135° F)
- Foods cooked to the minimum required temperatures**
- A probe thermometer provided to verify proper holding and cooking temperatures**
- Hand washing facilities** (water supplied under pressure, soap, paper towels, trash receptacle)
- Utensil washing facilities** (3 compartment sink to wash, rinse, and sanitize)
- A container(s) of sanitizing solution with wiping cloths** (100 ppm bleach or 200 ppm quart)
- Trash and waste water disposal** (waste water disposed of into sewer only)
- Toilet facilities** (available within 200 ft.)

PLEASE FILL OUT AND SUBMIT THE MULTIPLE EVENT APPLICATION ON THE NEXT PAGE:

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HEALTH PERMIT APPLICATION FOR TEMPORARY FOOD FACILITIES
MULTIPLE EVENTS

FACILITY INFORMATION

BUSINESS NAME (DBA) _____

PREVIOUS BUSINESS NAME (ONLY IF APPLICABLE) _____

BUSINESS SITE ADDRESS _____

LEGAL OWNER NAME _____

SELECT ONE: SOLE PROPRIETORSHIP PARTNERSHIP INCORPORATED

BUSINESS TELEPHONE NUMBER (S) _____

OWNER/BUSINESS EMAIL ADDRESS _____

BILLING INFORMATION (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS ADDRESS ABOVE, CHECK THIS BOX

BILLING ADDRESS _____

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME) _____

BILLING TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

By signing below, I represent as follows: I am the Owner or Authorized Representative of the business applying for this Health Permit (hereafter "Permit"). I consent to all necessary fees and inspections permitted by law and incidental to the issuance of this Permit. I agree to operate the business in compliance with all applicable state and local laws, ordinances, regulations, and procedures and to obtain all authorizations and permits required by all local planning and building agencies, in order to ensure compliance with the Permit, its rights, and its limitations. I shall immediately notify Environmental Health Services in writing if business closes or a change of ownership occurs. I acknowledge that HEALTH PERMITS ARE NON-TRANSFERRABLE. I declare under penalty of perjury under the laws of the state of California that the statements made in this Health Permit Application are true and correct.

SIGNATURE OF APPLICANT _____ PRINTED NAME _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ ASSIGNED TO _____ ENTERED BY _____ ENTERED DATE _____

PE# _____ AMOUNT DUE _____ AMOUNT PAID _____ CHECK OR CC AUTH # _____ CASH

NONPROFIT: 501C FORM ATTACHED YES NO VETERAN EXEMPT PAPER WORK ATTACHED YES NO

PR# _____ SR# _____ FA# _____ INVOICE NUMBER _____

INSPECTOR APPROVED _____ DATE _____

Community Event Information

Provide the following information regarding the community events in which you plan to participate:

<u>Event Name</u>	<u>Event Days/Date(s)</u>	<u>Event Hours (From – To)</u>	<u>Reoccurring? (Y/N)</u>

“Community event” means an event conducted for not more than 25 consecutive or nonconsecutive days in a 90-day period and that is of a civic, political, public, or educational nature, including state and county fairs, city festivals, circuses, and other **public gathering events approved by the local enforcement agency**.

Please note, Temporary Food Facilities (food booths) may only operate in conjunction with a community event that is approved by this agency. Operation at any time outside of an agency-approved community event is a violation of your health permit.

1. Describe the proposed menu/food items to be sold or given away to the public: _____

2. All foods must be prepared on-site or in an approved commercial food facility (facility must possess a valid health department permit or applicable state registration or certification). **Check as applicable:**

- I am serving only commercially prepackaged food items.
- I am serving non-prepackaged items and preparing my food on-site only.
- I am serving non-prepackaged items and preparing some or all of my food off-site. Submit a **Shared Primary Food Facility Review** form and **Shared Primary Food Facility Use Agreement** along with this application.

Name of off-site food facility: _____

Indicate where foods will be purchased/obtained (market/wholesaler name): _____

3. **REQUIRED:** Facility enclosures are required to protect food, utensils, plates, cups, napkins etc. from flies, dust, public contamination, bird droppings, etc.

- Fully enclosed** temporary food booth with facility identification: Required for all facilities handling and serving **non-prepackaged foods**. Overhead protection, 4 walls of mesh or tarp, 12" X 18" pass through windows, washable flooring (washable flooring is not required when operating on concrete or asphalt)

OR

- Open-air** temporary food booth with facility identification: **Prepackaged foods only**. Overhead protection, 0-3 walls of mesh or tarp, and washable flooring (flooring is not required over concrete or asphalt).

4. Describe the materials used to construct the temporary food facility: _____

5. **REQUIRED*:** Handwashing station (Required only for facilities serving unpackaged foods): warm water (100°F) supplies through a hands-free spigot, a waste water catch basin, pump soap, paper towels, and a trash receptacle . NOTE: Glove use does not substitute hand washing; Hand Sanitizer may be used in conjunction with handwashing, but not in place of.

Handwashing facilities will be provided by one of the following method(s):

- A container capable of providing a continuous stream of water that leaves both hands free to allow for vigorous rubbing with soap and water for 10-15 seconds (for events lasting three days or less).
- Handwashing sink (9"x9"x5" min.) separated from warewashing sink by 24" or 6" high splashguard for events lasting more than three days).

6. Describe how food temperatures will be maintained during transport from an approved food facility to the event: _____

Indicate where food will be purchased/obtained: _____

7. Describe the proposed procedures and methods of food preparation and handling for all menu items: _____

- A barbeque will be used as part or all of the cooking process. The barbeque will be sufficiently separated from public access to prevent contamination of the food and injury to the public. (5 feet of separation is recommended.)
- A sneeze guard, cover, compartment or other approved method will be provided to protect my food, utensils and equipment from public contamination for customer self-service items and for food cooked or held on equipment positioned near the front of a temporary food facility, within range of the customers.
- Food samples will be provided. (Describe method of sample distribution below. Indicate what utensils will be used: _____

8. The following cold temperature control will be provided for the cold holding of potentially hazardous food to ensure storage below 45 F:

- | | |
|---|---|
| <input type="checkbox"/> Ice chests (food fully submerged in ice) | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Ice bath and tubs | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Refrigerated truck | <input type="checkbox"/> Other (specify): _____ |

9. The following hot temperature control will be provided for the hot holding of potentially hazardous foods to ensure storage above 135 F (unserved food must be thrown away at the end of each operating day):

- | | |
|---|---|
| <input type="checkbox"/> Camp stove | <input type="checkbox"/> Electric stove top |
| <input type="checkbox"/> Steamtable and lids | <input type="checkbox"/> Double steamer |
| <input type="checkbox"/> Sterno and hotel trays | <input type="checkbox"/> Other (specify): _____ |

10. I am aware of the required hot and cold holding temperatures and minimum cooking temperatures for the menu items.

An accurate probe thermometer will be provided and I will ensure that the proper temperatures of potentially hazardous foods are met and maintained.

All unserved hot held potentially hazardous foods will be discarded at the end of each operating day.

11. Food will be stored 6 inches off the floor and inside or adjacent to my temporary food facility.

During periods of non-operation, food will be stored inside my fully enclosed temporary food facility or other approved location. Food may not be stored inside a private home.

12. **REQUIRED***: Utensil washing station (***Required only for facilities serving unpackaged foods**). Warewashing facilities will be provided by one of the following method(s):

Utensil washing station consisting of three tubs: one with hot soapy water, one with hot rinse water, and one with sanitizer [i.e. bleach-water solution (2 Tsp bleach per gallon of water)].

Three compartment sink with two integral metal drain boards (required for events over three days).

A centrally located warewashing sink shared by no more than four facilities.

13. The following sanitizing solution(s) (with corresponding test strips to verify concentration) will be used for surface wiping cloths and utensil sanitization. Separate containers of sanitizer and wiping cloths are required for use with raw meat products:

- | | |
|---|---|
| <input type="checkbox"/> 100 ppm chlorine solution (bleach-water) | <input type="checkbox"/> 25 ppm iodine solution |
| <input type="checkbox"/> 200 ppm solution of quaternary ammonium | <input type="checkbox"/> Other (specify): _____ |

14. Describe the procedures, methods, and schedules for cleaning utensils, equipment, and structures: _____

15. Describe the procedures, methods, and schedules for removal of trash and waste water (dumping into a storm drain is prohibited): _____

16. Electricity is provided for my booth's use: Yes No

17. A site plan is drawn on the next page that indicates the proposed layout of equipment, food preparation tables, food storage, ware washing, and handwashing equipment.

18. I have read, understand and will comply with the "Temporary Food Facility Guidelines" handout.

IMPORTANT: All food vendor booths are subject to inspection. Violation of any of the above may result in closure of your temporary food facility. **Please make a copy of this checklist for review in preparation for this event and for your records.** A valid health permit or copy of this application showing the permit fee has been paid must be present in the booth at all hours of preparation and operation. Return the application **with fee payment** for a permit **TWO WEEKS PRIOR** to the event to Environmental Health Services, P.O. Box 1489, San Luis Obispo, CA, 93406. Checks may be made **payable to SLO County Environmental Health**. The approved permit will be mailed to you or provided following the booth inspection.

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN APPROVAL FROM ENVIRONMENTAL HEALTH SERVICES BEFORE OPERATING.
APPLICATIONS SUBMITTED WITHOUT PAYMENT WILL BE REJECTED.**

Signature of Applicant _____ Date _____

FOOD FACILITY DIAGRAM

Indicate the proposed layout of equipment, food preparation tables, food storage, warewashing and handwashing equipment.

