



# DELAWARE COUNTY HEALTH DEPARTMENT

## APPLICATION FOR TEMPORARY FOOD LICENSE

LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON

***\*Please print legibly\**** (applications that are not legible will be returned)

**Application and Fees for Temporary Events must be submitted 3 weeks prior to the scheduled event.**

Date Submitted: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

*Number and Street Name*

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Time of the Event: \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ Event Breakdown Time: \_\_\_\_\_

Event Inspection Time: \_\_\_\_\_

Corporation/Organization: \_\_\_\_\_

Corporation Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Email/Phone \_\_\_\_\_

Name of Event Coordinator: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

On-Site Preparation:  Outside Tent:  Indoor Booth:

Mobile Truck/Trailer - Tag No. & State \_\_\_\_\_

Off-Site Preparation (Facility Name and Address): \_\_\_\_\_

Water Supply: \_\_\_\_\_

Waste Water Disposal: \_\_\_\_\_

**I hereby certify that the above information is accurate and complete:**

**Signature of Applicant:**

\_\_\_\_\_



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### A. FOOD/EQUIPMENT

Printed Name \_\_\_\_\_

1. Please list your menu items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What type of temporary food service facility will you be operating at the event? Check all that apply:

Enclosed trailer     Outdoor Stand     Indoor Kitchen     Other (specify) \_\_\_\_\_

3. Will there be access to public water? \_\_\_\_\_

4. Will you have access to electricity? \_\_\_\_\_

5. Will food be prepared off site? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\* If yes, please provide copy of current Commissary License and most recent Inspection Report.**

7. How will cold foods be kept at 41 degrees F. or below?

Refrigerator     Insulated Cooler     Other (specify) \_\_\_\_\_

8. What equipment will you use to cook food? Check all that apply:

Grill (gas, charcoal or electric)     Oven     Other (specify) \_\_\_\_\_

Fryer     Microwave \_\_\_\_\_

9. How will prepared foods be kept at 135 degrees F. or higher?

Steam Table     Chafing Dish/Sterno     Other (specify) \_\_\_\_\_

Roaster     Grill \_\_\_\_\_

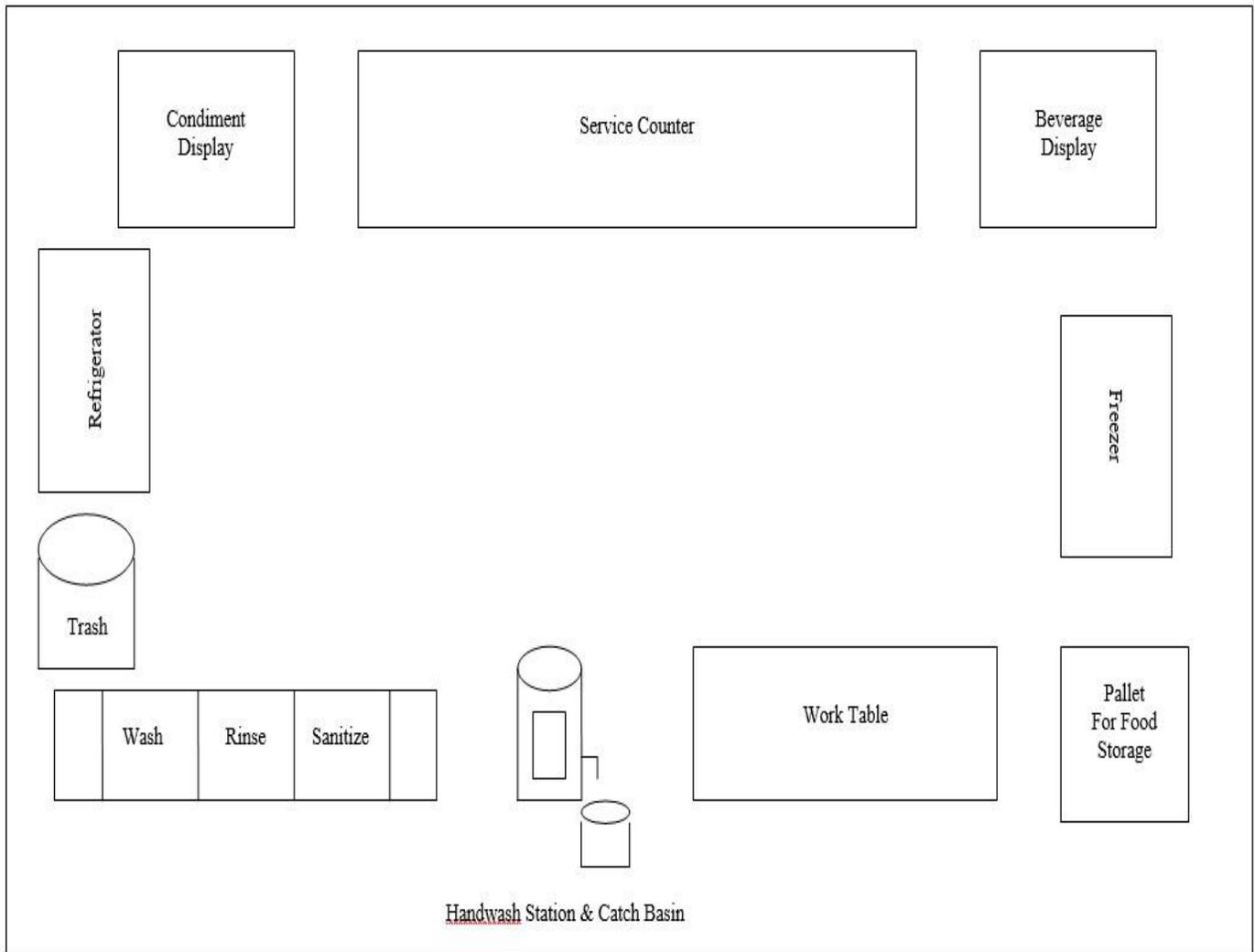
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10. Please provide a layout of the Temporary Food Facility, see example below.

All applicants must attach a drawing of how the tent, booth, or mobile truck will be set up for the event. Please include the location of all food equipment, hand washing stations, utensil washing stations, and trash receptacles.

Example Diagram of a Temporary Food Booth  
Open Flame Cooking Equipment Should be Placed Outside of the Tent or Building  
(not to scale)





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11. All Temporary Event Facilities shall have on site during the event:

- **Thermometer**
- **Proper Hair Restraints**
- **CFM onsite**
- **Handwash Station**
- **Proper handling equipment for Ready to Eat Foods.**

12. With this completed application, please submit the following:

- A copy of a current approved Food Safety Manager Certification
- A copy of your Establishment current Food License
- A copy of your current Commissary License
- Fee

Application is hereby made for a certificate of registration for a Temporary Food License. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of certificate of registration. Also, the undersigned agrees to operate this Public Bathing Place Facility in compliance with the Delaware County Health Code.

\_\_\_\_\_

**Print Name of owner/authorized agent**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Signature of owner/authorized agent**

\_\_\_\_\_

**Date**

TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date: