

Food Facility
Special Event Application

Complete this application and submit to the Preventive Medicine Authority at least 14 days prior to the start of the event.

1. Type of Event: _____
2. Location: _____
3. Date(s) of Operation: _____
4. Hours of Operation: (include setup): _____ Set Up: _____
5. Name(s) of Sponsoring Organization and phone numbers: _____

6. POC Name: _____ Phone #: _____
7. List all foods to be served: Include where food will be prepared, who will prepare the items:
(Home-prepared potentially hazardous foods (PHF) are not authorized)

<u>Food(s)/Menu</u>	<u>Prepared by/location of preparation</u> <u>Temperature Holding Method/Equipment</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Potentially Hazardous Food (PHF) must be maintained at 135°F or above for hot-holding and 41°F or below for cold-holding

8. Food Source: _____

If PHF is transported to the event, what is the length of time in transport? _____

9. How will the food be transported?
How will the food be kept hot or cold?

10. Hand Washing Facilities: (Describe)

11. Three Compartment Sink: (Describe)

12. Diagram: **Attach a photograph or drawing. Please indicate the placement of all equipment and accessories used in the operation.**

Section below is to be completed by the Preventive Medicine Department

Preventive Medicine Department Recommendation: Approved Disapproved

Reason for recommending disapproval:

Comments:

Special Restrictions or Requirements: Clean and sanitized utensils (tongs, spoons, etc..) are to be utilized for serving. Plastic, disposable flatware may be substituted.

Signature: _____

Date: _____