

**ALLIANCE CITY HEALTH DEPARTMENT
TEMPORARY FOOD PERMIT QUESTIONNAIRE**

EVENT

Name: _____

Location: _____

Date(s) of Event: _____ Time of Event: _____

Sponsoring Organization: _____

PERSON(S) IN CHARGE OF TEMPORARY FOOD STAND

Contact Name: _____

Address: _____

Contact Telephone: _____

LIST ALL PROPOSED FOOD ITEMS

_____	_____
_____	_____
_____	_____

WHERE WILL FOOD ITEMS BE PREPARED?

At the Food Stand At a Licensed Food Operation Other: (Specify) _____

HOW WILL POTENTIALLY HAZARDOUS FOODS BE HELD AT PROPER TEMPERATURES?

(Hot holding must be 135° F or greater)

Check the following equipment to be used: Roasters Grills Steam Tables

Crock Pots Chafing Pans with Sterno Other: (Specify) _____

(Cold holding must be 41° F or less)

Check the following equipment to be used: Ice Coolers Mechanical Refrigeration

Other: (Specify) _____

HOW WILL FOOD BE STORED OVERNIGHT, IF THE EVENT IS MORE THAN ONE DAY? _____

HOW WILL EQUIPMENT AND UTENSILS BE PROPERLY CLEANED AT THE EVENT, IF SOILED OR UNCLEAN? _____

HOW WILL HAND WASHING BE MADE AVAILABLE? EXPLAIN _____

WHERE ARE THE SUPPORT FACILITIES LOCATED, SUCH AS WATER, RESTROOMS, TRASH SERVICE, AND WASTEWATER DISPOSAL? _____

PROVIDE (IN THE SPACE BELOW) THE LAYOUT OF THE AREA TO BE USED FOR THE STAND, INCLUDING TABLES, EQUIPMENT, AND CLEANING SET UP.