

Pulaski County Health Center
Environmental Health Section
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HEALTH PERMIT APPLICATION

TEMPORARY FOOD FACILITY (TFF)

This section is to be completed by the applicant, in full – Please print clearly – Do not detach copies – Health permits are NOT transferable and NOT refundable

TYPE	<input type="checkbox"/> Prepackaged food/beverage/packaged samples only and/or whole produce <input type="checkbox"/> Prepackaged food/beverage with open sampling/dispensing <input type="checkbox"/> Preparing or handling unpackaged food/beverages			Event Frequency: <input type="checkbox"/> Single Event <input type="checkbox"/> Recurring Event		
	Name of Event:		Event Date(s):		Event Hours AM PM	
EVENT	Event Address:			City:		Zip:
	Event Organizer's Name:		Event Organizer's Phone Number:		Event Organizer's Email:	
TFF INFO	TFF Booth Name (DBA):			Have you participated in previous community events in Pulaski County before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Person-in-Charge Name:		Person-in-Charge Phone Number:		Person-in-Charge Email:	
TFF OWNER	Type of Ownership (*Attach Certificate of LP, LLP Registration, Articles of Incorporation or Organization): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LP* <input type="checkbox"/> LLP* <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC* <input type="checkbox"/> Nonprofit Charitable Organization, attach proof of status** <input type="checkbox"/> City/Government Entity					
	Company/Business/Nonprofit Name (DBA):		Legal Owner's Name:		Owner's Phone Number:	
	Owner's Address (cannot be a P.O. Box):			City:		State: Zip:
	Driver's License (if Individual Owner or Partnership; for Recurring Events Only)					Owner Email:
	Billing Contact Name:			Billing Contact Email:		Title:
	Billing Address (if different from Owner's Address):			City:		State: Zip:
FOOD SOURCE: PREPARATION/STORAGE	List all the food/beverages to be sold/given at the event (attach menu if additional space is needed):					
	Will food/beverages be prepared or stored BEFORE the event? State law prohibits the use of private homes except for Cottage Food Operators or Nonprofit vendors making non-potentially hazardous beverages & baked goods. <input type="checkbox"/> YES. Provide the name & address where food/beverage is prepared/ stored: <input type="checkbox"/> NO. You are required to purchase all food/beverages on the day of the event. No food should be prepared or stored at home. Initials, indicate that <u>receipts</u> will be provided during inspection.					
	Name: _____			Initial Here: _____ Once initialed, skip to Terms.		
	Address: _____			City: _____ Zip: _____		
Is the facility located in Pulaski County? <input type="checkbox"/> Yes. Provide Permit #: _____ (if applicable) <input type="checkbox"/> No. Attach a copy of the health permit						
Do you own the food facility where you are preparing and storing the food? <input type="checkbox"/> Yes <input type="checkbox"/> No. Provide a Dependent Permit/Shared Agreement						
TERMS	**Note: A specialized processing permit from the State of Missouri (Process Food Registration or a Milk & Dairy License) is required for processes such as: bottling, canning, juicing, manufacturing jerky, or products resembling milk products. In addition, FDA registration is required for operations proposing to sell imported foods at a community event. Be aware that if all required documents are not provided, the application process cannot be completed.					
	I hereby make an application for a health permit to establish and/or operate the above business, use or services in accordance with the laws, ordinances and regulations that are now or may hereinafter be in force pertaining to the above business. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections to the issuance of this permit and operation of the business.					
	Once approved by a representative of Environmental Health and fees are paid in full, a health permit will be issued. Food operations without the necessary permits shall be subject to closure of the food facility.					
	Print Name:			Title:		
Signature:			Date:			
OFFICE USE ONLY						
FEE	\$	Date Paid	Check #	Credit Card	Cash	Exempt
	Fee Amount	Receipt Number		Single Event / Yearly	Permit Number	
EHS	Permit is valid for					
	Notes					
	Permit Approved By (PRINT)				Date	

OPERATION SPECIFICATIONS TEMPORARY FOOD FACILITY

COMPLETE AND SUBMIT WITH TEMPORARY FOOD FACILITY HEALTH PERMIT APPLICATION
TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFF OPERATOR INFORMATION		EVENT INFORMATION	
Name of Food Booth:		Event Name:	
Owner's Name:	DBA Name:	Date(s) of Event:	
Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck/ Trailer <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Food Cart		Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event	
On-site (Person-in-Charge) Contact at your Food Facility:			
On-site Contact Cell Phone:		# of Food Employees working the Event:	

FOOD OPERATION

- Packaged Food/ Beverage only/ Prepackaged Samples Packaged with Open Sampling (Describe sampling method below)
 Food Preparation (All food preparation is to be conducted within the food booth or at a permitted food facility)

FOOD BOOTH CONSTRUCTION

All food booths require overhead protection and a cleanable floor. Food preparation booths must be enclosed.

- Overhead Covering: Canvas Wood Other: _____
- Floor: Asphalt Concrete Wood Other: _____
- Walls: Screens Canvas Wood Other: _____
- Booth supplied by: TFF Operator Event Organizer Rented from: _____
- Booth Size: _____

LIST ALL FOOD & BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY

Attach additional pages as necessary

Food/ Beverage Item	Prepackaged (Y or N)	Will you be preparing food/ beverage at a location other than on-site? (If yes, see statement below)	Identify type of preparation at food booth (i.e., assembly, cooking, sampling method etc.)

For food items that will be prepared at another location complete the below information and *attach a copy of the food facility's current health permit*. Note: A specialized processing permit from the State of Missouri (PFR or a Milk and Dairy License) is required for processes such as bottling, canning, juicing, manufacturing jerky or milk products; and for food products packaged and sold offsite from where it is prepared. In addition, FDA registration is required for operations proposing to sell imported foods at a community event. **Be aware that if all required documents are not provided, the application process cannot be completed.**

Food Facility Name:	Name of Permit Holder:
Address and City:	Facility Contact Number:
Method of food temperature control during transportation:	

HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot (135°F) or cold (41°F/45°F)

Cold Holding	<input type="checkbox"/> Mechanical Refrigerator <input type="checkbox"/> Ice Chest <input type="checkbox"/> Cold Table <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other (Specify): _____
Hot Holding	<input type="checkbox"/> Steam Table <input type="checkbox"/> Chaffing Dishes <input type="checkbox"/> Electric Warmer <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other (Specify): _____
Food Safety	<p><i>I agree to voluntarily destroy any and all potentially hazardous food(s) held at 41°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency.</i></p> Print Name: _____ Signature: _____

EQUIPMENT/UTENSILS

Will multi-use kitchen utensils be used inside the booth for preparation?
 Yes (complete Utensil Washing section & Liquid Waste Removal section) No Not Applicable

Utensil Washing
 3-compartment sink within food booth
 The event is less than 4 hours – extra utensils will be available. Before and after the event, utensils will be washed, rinsed, and sanitized at an approved food facility located at: _____

Sanitizer (test strips must be available to check sanitizer concentration)
 Chlorine Quaternary Ammonia Iodine

Identify all equipment that will be used for food preparation at the food booth:
 Barbecue Grill Range Burner Deep Fryer Griddle Mixer/Blender
 Other (Specify): _____

FOOD PROTECTION

Identify methods of protecting foods from customer contamination:
 Sneeze Guards Hinged Chafing Dishes Individual Portion Samples
 Other (Specify): _____

HANDWASH FACILITIES

Handwashing facilities provided by: Event Organizer Food Booth Operator
Hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks.

Type of handwashing facility that will be used:
 Gravity-fed insulated containers with spigot (i.e., Igloos or Cambro), warm water (100°F), and catch basin (*approved for events that operate for three days or less*). Wastewater must be properly disposed of.
 Self-contained portable unit (with potable water and wastewater holding tanks)
 Permanently plumbed with hot and cold water under pressure

FACILITY REQUIREMENTS

Electrical Supply Provided by: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator <input type="checkbox"/> Refrigerator/ Freezer available for overnight storage <input type="checkbox"/> Lighting available	Toilet Facilities for Food Employees Provided by: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator Liquid Waste Removal Provided by: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator
Refuse/ Trash Removal Provided by: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator Identify responsible party for waste removal: _____	Identify responsible party for waste removal: _____ Frequency of liquid waste removal: _____ per day

NON-PROFIT CHARITABLE TEMPORARY FOOD FACILITIES ONLY

I declare under penalty of perjury that the non-profit charitable organization information is true and accurate, and I have provided current supporting documentation showing our up-to-date non-profit status. I further certify the following to be true:

- The booth will be operated by members of our organization or other noncommercial supporters.
- All proceeds will be turned over to the above-named non-profit organization or to another approved non-profit entity.
- I understand that any exemption issued to us would be for the operation of our non-profit association's food booth only and would not imply a blanket approval covering the operation of commercial food facilities at the occasional event.

Non-Profit Authorized Representative Name (Print): _____ Title: _____
Non-Profit Signature: _____ Date: _____