

## Application for Temporary Food Establishment Permit

- **Submit application and payment 14 days before the event**
- **Fill out one application for each vendor for each event**
- \$45.00 late fee for applications and payment submitted less than 14 days before event**

1. **Event Date(s):** 02/18/2017 to 02/18/2017 **Food Service Begins:** 11:30  AM  PM **Ends** 3:00  AM  PM  
MONTH/DAY/YEAR MONTH/DAY/YEAR

(If the event is on non-consecutive dates and/or times, attach a schedule with application.)

2. **Name of Event:** Freedom RV BBQ Throwdown **Type of Event**  Athletic League  Celebration

3. **Event Location:** 3735 E. Irvington Rd., Tucson, AZ 85714  Farmer's Market  Fundraiser  
NAME OF PARK /RAMADA OR AREA, CHURCH, FACILITY/ADDRESS

4. **Applying as a:**

- a.  **Business** – Attach a copy of your current food permit and proof of lawful presence with application.  
 Fee Exemption pursuant to A.R.S. §3-353  
 If your permit is not current, attach a copy of the most recent food permit issued by a Health Authority.  
  - For businesses located outside Pima County, you must provide a copy of the current operating permit and an inspection report issued by your regulatory authority within the past six months.
- b.  **Charitable-** Attached  501(c)(3)  Fund use statement
- c.  **Individual** – Attach your registration documentation from the event coordinator (e.g. fee receipt, acceptance letter).  
 Type of Identification presented \_\_\_\_\_

5. **Applicant's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
NAME OF BUSINESS, ORGANIZATION, INDIVIDUAL or GOVERNMENT AGENCY

6. **Booth/Tent Name and Assigned Number:** \_\_\_\_\_

7. **Applicant's Address:** \_\_\_\_\_  
ADDRESS ZIP CODE

8. **Name of "Person-in Charge" for Food Booth** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
Must be available weekdays between 8 am and 5 pm, and can give detailed information about the menu, food preparation and how food is served.

9. **Name of Event Coordinator** Michael Reimann **Telephone (daytime):** 602-363-5196

I hereby consent to inspection by the Pima County Health Department. I acknowledge that receipt and retention of this permit depends on compliance with the Food Code. I understand that:

1. Food must be prepared in a kitchen approved by the Health Department;
2. Food prepared at home cannot be served to the public (Pima County Food Code Chapter 3-201.11(B));
3. If the Health Officer finds a food code violation, I **cannot open** until all violations have been corrected;
4. Menu items must be approved by the Health Department.
5. Application fees are non-refundable.

Copies of the Food Code are available for purchase, or download from [www.pima.gov/health](http://www.pima.gov/health), link - "Consumer Health and Food Safety."

PRINT NAME

SIGNATURE

DATE

**Fees:**

**\$60.00 temporary , 1-14 days, one event, one location**  
**\$20.00 temporary sampling fee.**  
**\$30.00 charitable non-profit temporary**  
**\$10.00 charitable non-profit temporary sampling fee**

**\$120.00 seasonal 15-120 days, one event, one location or one league season.**  
**\$40.00 seasonal sampling fee.**  
**\$60.00 charitable non-profit seasonal**  
**\$20.00 charitable non-profit seasonal sampling fee**

Submit a completed application, required documents and payment:

1. In person, at Consumer Health and Food Safety, 2nd floor of Abrams Public Health Center, 3950 South Country Club Road,
2. By mail, to Consumer Health and Food Safety, 3950 South Country Club Road, Suite 100, Tucson, AZ, 85714, or
3. By fax, to (520) 724-9597 and calling (520) 724-7908 with a MasterCard or Visa credit card number to pay for the license fee.

**FOR OFFICE USE ONLY**

Total Collected: \$ \_\_\_\_\_ By: \_\_\_\_\_

## Menu

- ▶ *Menu items are limited to the approved items on application*
- ▶ *Menus submitted must be approved by the Health Department*

Main Dishes/Side Dishes	Condiments/Garnishments	Snack Foods	Beverages

**NOTE:** You will be required to provide proof of purchase from an approved source for PHF products to the health inspector.

## Preparation of Menu Items

### Location of Food Preparation:

**Name and address of preparation kitchen:** \_\_\_\_\_

- The location for foods prepared (wash, cut, refrigeration, cooking) before the event must be at a kitchen approved by the Health Department.
- Unlicensed kitchens will require an inspection at least **10 days prior** to the event.
- Food **cannot** be prepared in a private home.

### Dates and times of food preparation in the kitchen:

Date	Time
	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM

**Please check applicable boxes for each category: All categories must be completed prior to approval.**

#### 1. Temperature Control Methods

Cooking and/or Re-Heating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Oven <input type="checkbox"/> Propane burner <input type="checkbox"/> Wok Other: _____	<input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Steam Table <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Wok Other: _____	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Freezers <input type="checkbox"/> Insulated ice chest with ice No. of Ice chests _____ Other: _____	<input type="checkbox"/> Cambros <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Insulated Ice Chests Other: _____

#### 2. Food Booth Enclosure/Concession Trailer

<input type="checkbox"/> Food Booth: with screening; overhead covering; floor <input type="checkbox"/> Tent: screening on 4 sides; ground cover, concrete pad, or asphalt; overhead covering; 1 door <input type="checkbox"/> Concession Trailer
--

#### 3. Ware Washing

<input type="checkbox"/> Sanitizing Pail with 100 ppm Chlorine <input type="checkbox"/> Three-compartment Sink at site Other: _____
---

#### 4. Hand Washing Facilities

<input type="checkbox"/> Portable commercial hand sink connected to potable water <input type="checkbox"/> Permanent sink in food booth connected to potable water <input type="checkbox"/> Hand sink inside of a concession trailer/mobile food unit Other: _____	<input type="checkbox"/> Gravity flow container temporary hand wash setup <input type="checkbox"/> Commercial portable hand wash system Other: _____
---	--

#### 5. Water Supply

<input type="checkbox"/> Public Water System-Connected to hose bib at event site <input type="checkbox"/> Commercially Packaged Bottled Water <input type="checkbox"/> Water Brought from Home Service from: <input type="checkbox"/> Water Company <input type="checkbox"/> Well	<input type="checkbox"/> Holding Tank filled at Base of Operation, or Commissary <input type="checkbox"/> Holding Tank filled at Approved Business, e.g. RV Park Other: _____
--	---

#### 6. Power Source

<input type="checkbox"/> Temporary Electrical Connection <input type="checkbox"/> Portable Generator	<input type="checkbox"/> Propane Other: _____
---	--