



TEMPORARY FOOD SERVICE EVENT VENDOR APPLICATION

Jefferson County Department of Health
1400 6th Ave South
Birmingham, AL 35233
Office (205) 930-1260 Fax (205) 939-3019
temporaryevents@jcdh.org

1. Name of Event _____

2. Address of Event _____ **AL**
State

3. Event Dates and Time(s) _____

4. Organizer Name _____ Organizer Phone _____

5. Vendor Name _____ Vendor Phone _____

6. Vendor Business Name _____

7. Vendor Business Address _____

8. Vendor Email _____

9. Date and time when food booth will be ready to be permitted _____

10. Will food be prepared prior to the event? Yes* No

*If "yes", provide the name of the facility where food will be prepared.

Name of Prep Facility _____ Permit # _____

Address of Prep Facility _____ **AL**
State

The food booth must be completely set up prior to permitting and food preparation at the temporary event site is **not allowed** until the permit is issued. Advanced preparation is only allowed in a few specific situations and **MUST** be approved prior to the event. The Health Officer may issue a stop sale, seize or hold order for any food that was prepared in advance without prior approval and/or not issue the temporary permit. Please refer to the *Temporary Food Establishment Requirements* booklet for the policies and procedures regarding off-site food preparation.

11. Check the box(es) for all the transport equipment that will be utilized.

Ice Chest Insulated Food Carrier Refrigerated vehicle Other _____

12. The permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy? Yes No

13. Check the box that best describes the structure of the facility.

Tent Mobile Unit Other _____

14. Describe the unit design. Must include methods for protecting the overhead and at least 3 sides of the *entire* food preparation service area. Refer to the *Temporary Food Establishment Requirements* booklet for specific requirements.

15. Check the box that best describes the source for potable water.

Public water supplied by the organizer (requires food grade hose) On-site private well (requires testing prior to the event)

Tap water supplied by vendor (Please specify) _____

16. Check the boxes that best describe the disposal method for the following:

<u>Garbage</u>	<u>Wastewater*</u>	<u>Grease</u>
<input type="checkbox"/> Waste taken offsite	<input type="checkbox"/> Portable toilet at event	<input type="checkbox"/> Grease taken offsite
<input type="checkbox"/> Event Dumpster	<input type="checkbox"/> Event grey water bin	<input type="checkbox"/> Event grease receptacle
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

*The storm drain is **NOT** an approved source for disposal of waste water.

17. Check the boxes that best describe the equipment that will on-site:

<u>Cold Holding</u>	<u>Cooking/ Hot Holding</u>	<u>Food Prep</u>
<input type="checkbox"/> Refrigerated truck	<input type="checkbox"/> Fryers	<input type="checkbox"/> Mixers
<input type="checkbox"/> Mechanical refrigeration	<input type="checkbox"/> Electric hot box	<input type="checkbox"/> Slicers
<input type="checkbox"/> Freezer	<input type="checkbox"/> Grill/ Oven	<input type="checkbox"/> Blenders
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<u>Handwashing*</u>	<u>Electricity</u>	<u>Utensil Washing*</u>
<input type="checkbox"/> Mechanical Sink	<input type="checkbox"/> On-Site Electricity	<input type="checkbox"/> 3-compartment sink
<input type="checkbox"/> Gravity flow set	<input type="checkbox"/> Generator	<input type="checkbox"/> Disposables only
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

*Please refer to the *Temporary Food Establishment Requirements* booklet for requirements. Approval is limited.

18. What type of chemical sanitizer will be used on-site? _____

19. What will be used for toilet facilities at the event? (Check all that apply)

- Portable toilet* Same building as the event Provided by Organizer

*See the *Temporary Food Establishment Requirements* booklet for the "Special Event Extended Chart Breakdown" from the Portable Sanitation Association International.

20. List all food and beverage items that will be sold. Denote all preparation steps that apply

Menu Item	Prepared Off-Site	Cold Holding	Cook	Cut	Assemble	Hot Holding
Example: French Fries		X	X			X
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

21. Please note any additional information: _____

STATEMENT: I/we hereby certify that the above information and any attached documents are correct, and I/we agree to comply with all rules and regulations of the Jefferson County Department of Health and hereby authorize the Health Officer or authorized representatives to enter upon the premises of the above named establishments for inspection services. Furthermore, I/we understand:

- a. This food establishment may not operate without approval from the Jefferson County Department of Health, and;
- b. A preoperational inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with local laws governing food service establishments, and;
- c. I/we may not operate without meeting the requirements and obtaining the approval of other regulatory agencies, including, but not limited to, local fire, building, plumbing, gas, and electrical inspection services departments, and;
- d. Any changes to my operation must be submitted to the Jefferson County Department of Health for review and approval prior to the day of the event, and;
- e. All time/ temperature control for safety foods (TCS) also commonly known as potentially hazardous foods (PHF) must be maintained at approved temperatures (41°F or below for cold food and 135°F or above for hot food) during transport, holding, and/or service, and;
- f. Failure to maintain approved temperatures of PHF/TCS foods may result in disposal or embargo of the food, and;
- g. Permits must be posted in a conspicuous place as designated by the regulatory authority,

Additionally, I/we understand that non-compliance with the requirements above are considered to be violations of the 420-3-22.12 State of Alabama Department of Public Rules and Regulations, and I/we may be subject to legal action as deemed necessary by Jefferson County Department of Health.

By typing your name, you are agreeing to the terms listed above.

Signature _____ Title _____ Date _____

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Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by _____ Date _____
Permit Restrictions _____

Disapproved by _____ Date _____
Reason(s) for Disapproval _____

JEFFERSON COUNTY DEPARTMENT OF HEALTH

**LICENSE/PERMIT APPLICANT'S DECLARATION
OF BUSINESS OWNERSHIP STRUCTURE**

 Name of Establishment or Facility – (dba name)

 Business Entity Name (i.e. LLC, Inc., or Co.)

 Street Address

City

Zip Code

 Number of employees (Not including owner)
Applicant is a (check one):

Individual	<input type="checkbox"/>	Nonprofit corporation	<input type="checkbox"/>	Municipality	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Limited Liability Corporation	<input type="checkbox"/>	County	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	State	<input type="checkbox"/>	Joint City/County	<input type="checkbox"/>

Other: _____

I declare, under penalty of perjury, under the laws of the State of Alabama that the information I provided is true and correct to the best of my knowledge.

 Printed Name

 Signature

 Date
FOR DEPARTMENTAL USE ONLY

Type of License/Permit: _____

JCDH Employee: _____