



LEDGE LIGHT HEALTH DISTRICT APPLICATION FOR A TEMPORARY FOOD PERMIT (FRONT & BACK)

TYPE: ☐ 14 DAY/SINGLE LOCATION ☐ ALL LLHD CERTIFIED FARMERS' MARKETS FOR 2019 SEASON

FEES: ☐ FOR PROFIT: \$55.00 ☐ NON-PROFIT: \$25.00 (☐ NON-PROFIT TAX CERTIFICATE)

LLHD LICENSED FOOD SERVICE ESTABLISHMENTS, SIMPLE SAMPLING AND/OR FARMERS AT CERTIFIED MARKET- NO FEE

| NAME OF APPLICANT: | | | | PHONE# | _ | | |
|----------------------|-----------------|--|---------------|-----------------------|---|--|--|
| ADDRESS: | | E-MAIL ADDRESS:PHONE# | | | | | |
| NAME OF FOOD BUSIN | IESS: | | | | | | |
| BUSINESS ADDRESS (D | IFFERENT): | E-MAIL ADDRESS: | | | | | |
| NAME OF EVENT & LO | CATION: | | | | _ | | |
| EVENT DATE(S)/TIME (| S): | TIME/DATE YOU WILL BE RI | | | | | |
| IS THE EVENT: | INDOOR □ | OUTDOOR | MOBI | LE UNIT 🗖 | | | |
| DESCRIPTION OF FOOD |) MENU (SEE MEN | U IN PACKET): | | | | | |
| *IF PREPARED OFFSITI | , PROVIDE THE M | ☐ OFFSITE, IF SO, WHERE*? OST RECENT INSPECTION OF TO OKED/PREPARED FOODS) | | | | | |
| HOT FOODS? ☐ YES | □ NO IF YES, | HOW IS FOOD COOKED (SEE PA | ACKET) AND H | OT HELD AT ≥135°F : | | | |
| IF HOT FOODS, SUPERV | ISOR WITH FOOD | SAFETY TRAINING: | CO | NTACT #: | • | | |
| (SEE TEMPOR | ARY EVENT TRAIN | ING REQUIREMENTS, PAGE 11) | | | | | |
| TYPE OF FOOD SAFETY | TRAINING: 🗖 LLH | D CAFE □ UNCAS FAST □ CFP | M CERT □ O | THER: | | | |
| ☐ JUST IN TIME TRAIN | ING NEEDED | CONTACT PERSON FOR TRAINI | NG: | | | | |
| HOW ARE POTENTIALL | Y HAZARDOUS FO | ODS HELD COLD AT ≤41°F (COO | LERS, REFRIGI | ERATION, ICE, ETC): | | | |
| THIN PROBE FOOD THI | ERMOMETER TYPE | : □ DIGITAL (PREFERRED) □ BI | METALIC ALC | COHOL WIPES: YES NO | | | |
| REFRIGERATION THERI | MOMETERS IN WA | RMEST AREA (NEAR DOOR OR | TOP): □ YES | □ NO | | | |
| _ | • | ☐ BOTTLED ☐ PRIVATE WELI | | | | | |





CONTINUED FROM FRONT



- SUPERVISOR TO CERTIFY ALL STAFF ARE FREE OF ILLNESS PRIOR TO WORKING (PAGE 6 & 7), HAVE ADEQUATE HAIR RESTRAINTS, APRONS, NO JEWELRY, MINIMIZE BARE HAND CONTACT AND SIGN THE LOG (Page 10).
- A HAND WASHING STATION (PAGES 6 & 9) IS REQUIRED FOR ONSITE PREPARATION AND MINIMIZE BARE HANDS BY USING UTENSILS, BUTCHERS/WAX PAPER, FOIL, NAPKINS OR NON-LATEX DISPOSABLE GLOVES.
- EVENTS LONGER THAN 4 HOURS-HOW WILL FOOD CONTACT SURFACES BE WASHED, RINSED AND SANITIZED?

 (PAGE 6 & PAGE 9).

SKETCH OF FOOD BOOTH

SHOW THE FOLLOWING:

- 1. HAND WASHING (HW)
- 2. COOKING
- 3. HOT HOLDING
- 4. COLD HOLDING
- 5. PREP AREA
- 6. DRY STORAGE
- 7. WARE WASHING OR EXTRA EQUIP
- 8. SERVICE AREA
- 9. WATER STORAGE
- 10. BOOTH COVER/SCREENS
- 11. LOG BOOK/PACKET

By signing, the applicant agrees the above information is accurate and agrees to comply with all aspects of the attached Temporary Foodservice Guidelines, including the checklist on page 8. **This is not a permit; permits will be issued by the assigned inspector.** Make checks payable to: LEDGE LIGHT HEALTH DISTRICT

| Applicant Name: | | Signature: | Date: |
|----------------------|------------|---------------------|---------------------------------|
| Office use only: | | | |
| Date Received: | Date Paid: | Receipt # | License Prepped by: |
| Sanitarian Assigned: | Contact da | ate with applicant: | Inspection Required: Yes □ No □ |

Rev. 6/7/19