PIMA COUNTY
HEALTH DEPARTMENT

► ***Guidelines Issued*** _____

Consumer Health and Food Safety ▪ 3950 S. Country Club Road, Suite 2301 ▪ Tucson, AZ 85714
Phone (520) 724-7908 ▪ Fax (520) 724-9597 ▪ E-mail chfs@pima.gov

Application for Temporary Food Establishment Permit

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

1. **Event Date(s):** _____ (MONTH/DAY/YEAR) to _____ (MONTH/DAY/YEAR) **Food Service Begins**: _____ ☐ AM ☐ PM **Ends** _____ ☐ AM ☐ PM

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

2. **Name of Event:** _____ **Type of Event:** ☐ Athletic League ☐ Celebration ☐ Farmer's Market ☐ Fundraiser

3. **Event Location:** _____ (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**: _____ (NAME OF BUSINESS, ORGANIZATION, INDIVIDUAL or GOVERNMENT AGENCY) **Telephone**: _____

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** _____ **Telephone** (daytime): _____

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, link - "Consumer Health and Food Safety."

PRINT NAME	**SIGNATURE**	**DATE**

Fees:

$60.00 temporary , 1-14 days, one event, one location	**$120.00 seasonal 15-120 days, one event, one location or one league season.**
$20.00 temporary sampling fee.	**$40.00 seasonal sampling fee.**
$30.00 charitable non-profit temporary	**$60.00 charitable non-profit seasonal**
$10.00 charitable non-profit temporary sampling fee	**$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: _____

2928-033016-JC

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
	☐ AM ☐ PM
	☐ AM ☐ 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**
☐ Grill ☐ Microwave ☐ Oven ☐ Propane burner ☐ Wok Other:	☐ Grill/BBQ ☐ Hot Holding Warmers ☐ Steam Table ☐ Stove/Oven ☐ Wok Other:	☐ Refrigerators ☐ Freezers ☐ Insulated ice chest with ice No. of Ice chests _____ Other:	☐ Cambros ☐ Hot Holding Warmers ☐ Insulated Ice Chests Other:

2. Food Booth Enclosure/Concession Trailer

☐ Food Booth: with screening; overhead covering; floor
☐ Tent: screening on 4 sides; ground cover, concrete pad, or asphalt; overhead covering; 1 door
☐ Concession Trailer

3. Ware Washing

☐ Sanitizing Pail with 100 ppm Chlorine
☐ Three-compartment Sink at site
Other:

4. Hand Washing Facilities

☐ Portable commercial hand sink connected to potable water
☐ Permanent sink in food booth connected to potable water
☐ Hand sink inside of a concession trailer/mobile food unit
☐ Gravity flow container temporary hand wash setup
☐ Commercial portable hand wash system
Other:

5. Water Supply

☐ Public Water System-Connected to hose bib at event site
☐ Commercially Packaged Bottled Water
☐ Water Brought from Home
Service from: ☐ Water Company ☐ Well
☐ Holding Tank filled at Base of Operation, or Commissary
☐ Holding Tank filled at Approved Business, e.g. RV Park
Other:

6. Power Source

☐ Temporary Electrical Connection
☐ Portable Generator
☐ Propane
Other: