

TANEY COUNTY HEALTH DEPARTMENT

TEMPORARY FOOD EVENT VENDOR/ORGANIZER APPLICATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



SECTION A

If Vendor only, Sections A & B of this application must be completed and emailed to EHS@taneycohealth.org a minimum of 10 working days prior to the event. If Organizer only, Sections A & C must be completed and emailed to EHS@taneycohealth.org a minimum of 30 working days prior to the event. If Organizer and Vendor, all sections of this application must be completed and emailed to EHS@taneycohealth.org a minimum of 30 working days prior to the event. Application fee of \$100 applies to each vendor. For more information call 417-334-4544 Ext. 247.

CONTACT INFORMATION

Name of Event:		Vendor:
Event Organizer:	Event Organizer Contact:	Vendor Contact Name:
Event Physical Address:	Organizer Contact Phone:	Vendor Contact Phone:
Event Date & Time:	Organizer Contact Email:	Vendor Contact Email:
Event Billing Address:	Organizer Address:	Vendor Address:

VENDOR FOOD PREPARATION

<p>All food and beverage must be prepared onsite or in an approved kitchen. If food will be prepared offsite, provide the name and address of the approved kitchen and the date and time it will be used. If the approved kitchen is outside of Taney County, attach a copy of the current Health Permit.</p> <p>Date and Time of Advance Preparation: _____ am/pm to _____ am/pm</p>	Facility Name:
	Facility Address:

Discuss transportation temperature methods? *Temp logs need to be provided at the time of inspection.*

Structure for temporary kitchen: Tent with sides Trailer Booth Other

If other, describe: _____

What time will food preparation begin in the booth on the day of the event: _____

EQUIPMENT

Cold Holding: _____

Hot Holding: _____

Cooking (stove): _____

Hand Washing: _____

Grilling/ BBQ: _____

Hand washing sink available in food prep area? Yes No

Will the grill be covered? Yes No

Food Protection (sneeze guards, lids): _____

Utensil Washing (3 compartment sink, dish machine): _____

(All food must be covered/protected once it is set out for service).

SANITATION

Sanitizer: <input type="checkbox"/> Bleach (chlorine) <input type="checkbox"/> Quat Vendor must have the following items readily accessible during the event. Please check to confirm these items will be available: <input type="checkbox"/> Probe thermometer <input type="checkbox"/> Sanitizer test strips <input type="checkbox"/> Single use gloves <input type="checkbox"/> Quat with test strips <input type="checkbox"/> Hand washing station <input type="checkbox"/> Food grade hose (if applicable)	Water/Ice Source: <input type="checkbox"/> Municipal supply <input type="checkbox"/> Holding tank <input type="checkbox"/> Other _____ Holding tanks should be sanitized prior to filling with potable water. A water sample for coliforms will be taken 24 hours before event begins. Size of Fresh Potable Water Tank: _____ Size of Gray Water Tank: _____ How will hot water be provided for hand washing and utensil washing? _____
Describe liquid waste/grease disposal method: _____ _____	Energy Supply: <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Other _____
Describe means of garbage disposal: _____ _____	

List all potentially hazardous food that will be sampled	Check the items that will be donated to a food bank after the event	Food Handling Procedures Please Check All That Apply					
		Thaw	Prep	Cook	Hold	Cool	Reheat

What food bank will food be donated to after the event:
 (All potentially hazardous foods (PHF) that will be donated must be kept below 41F and protected from contamination during the event. Do not donate any PHF's that have been held above 41F or any food that may have been exposed to potential contamination.)

List Non Potentially Hazardous Foods that will be sampled: _____ _____ _____	How will food samples be offered: _____ _____ _____
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All food that will be used for display only must have a placard stating "For Display Only".

Section C to be completed by Organizer Only

VENDOR LIST

	Name	Address	Phone Number(s)	Tent/Trailer/Food Cart
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If more than 7 vendors will be at the event, please attach the vendor list to this application.

- Will the organizer be providing hand washing stations for all booths preparing or serving food? Yes No
If no, has each vendor been notified they must provide their own handwashing station for the event? Yes No
- Will the organizer supply water/ice to food booths? Yes No
If yes, please list the source of the water/ice: _____
- Will the organizer supply refrigeration equipment for the food booths? Yes No
If yes, describe: _____
- Will the organizer be supplying electricity to the food booths? Yes No
If yes, describe: _____
- Will back flow preventers be provided for water hook-ups? Yes No
- Describe liquid waste/grease disposal method and schedules for pick-up: _____

- Describe garbage disposal method and schedules for pick-ups: _____

PLEASE ENSURE ENTIRE APPLICATION IS FILLED OUT BEFORE SUBMITTING

Signature of Food Organizer/ Vendor Applicant: _____ Date: _____

Signature of Inspector Approving Application: _____ Date: _____

Health Permit required for vendor: Yes No