

# Klamath County Public Health

Single

Event Name: \_\_\_\_\_

Seasonal

Event Coordinator: \_\_\_\_\_

Intermittent

Event Coordinator's Phone: \_\_\_\_\_

## Temporary Event Restaurant License Application

**Submit the proper fee with the completed application prior to the event.**

1. **Food booth name:** \_\_\_\_\_

Event location: \_\_\_\_\_

Person in charge of booth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Dates: \_\_\_\_\_

2. **Advance preparation:** All food must be prepared in a facility approved by Public Health or the Department of Agriculture.

### **No home-prepared foods are allowed**

Describe: \_\_\_\_\_

\_\_\_\_\_

3. **Food temperature control:** How will you provide for proper food temperature control?

*Please check all that apply*

a. Cold-holding devices

Refrigerator

Coolers

Freezer

b. Hot-holding devices

Bain-marie

Steam table

Cambro

Crockpot

Hot dog broiler

c. Rapid-heating devices

Stove

Oven

Burner

Grill

Microwave

d. How will food be transported

- Personal vehicle
- Van
- Pickup
- Bicycle

4. **Leftovers:** What will you do with leftover food? \_\_\_\_\_

5. **Booth construction:**

Type of overhead protection provided: \_\_\_\_\_

Type of floor provided: \_\_\_\_\_

6. **Water source:** \_\_\_\_\_

**All water used must be obtained from a public water supply.**

7. **Must obtain before event:**

- Food Handler Cards (1 certified worker per shift)
- Probe thermometer to check food temperatures (Range 0° to 220°)
- Refrigerator thermometer in every cooler/refrigerator unit
- Hand-washing facilities (must be set up before any food preparation takes place)

Describe: \_\_\_\_\_

- Test strips for sanitizing solution (e.g., 1 tsp. bleach per gallon of water)

8. **Where/how will utensils and dishes be cleaned:**

\_\_\_\_\_

9. **Where will food be stored between events** (all stored food must be date marked):

\_\_\_\_\_

10. **Menu** (list all food items, including toppings):

Food item	Preparation		Food item	Preparation	
	On-site	Off-site		On-site	Off-site
e.g., chicken rice soup	X				

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility used for (off-site) food prep, storage and utensil washing:**

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility operator signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Intermittent Temporary Restaurant Applicants

*Only complete this section for intermittent temporary applications*

## Oversight organization of the event(s):

Organization name: \_\_\_\_\_

Name of event(s): \_\_\_\_\_

Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Services provided by the oversight organization (e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

\_\_\_\_\_

Dates of food service (start date/end date): \_\_\_\_\_

## Days and times of food service (booth) operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End time							

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Organization name: \_\_\_\_\_

Name of event(s): \_\_\_\_\_

Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Services provided by the oversight organization (e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

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