

To be Completed by EACH Food/Beverage Booth/Truck Vendor/Operator and submitted to Event Coordinator

VENDOR/OPERATOR INFORMATION		
Name of Event:	Date (S):	Event Set Up Time (S):
Event Location:	On Site Contact Person:	
Name of Booth, Organization or Company:	Mobil Food Truck License #	On Site Phone#:
Mailing address, City, Zip of Vendor/Operator:	E-mail address of Vendor/Operator:	
TYPE: <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Veteran Exempt <input type="checkbox"/> C.C.County Food Truck <input type="checkbox"/> Out of County Vendor/ Food Truck - provide home county health permit <input type="checkbox"/> CFO		

Type of all food/beverage to be sold or given away: <i>(Include beverages, ice, condiments, or attach a menu).</i> _____ _____ _____	Source(s) of all food/beverages purchased/prepared: <i>Name of Restaurant, Caterer, Cottage Food Operator, BevMo, Cosco, Safeway, etc.</i> _____ _____ _____	Type of holding/cooking equipment to be used: <i>(i.e: ice chest, barbeques, fryers, chafing dishes, steam table, etc.)</i> _____ _____ _____
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Checklist Completed by Food/Beverage Booth Vendor/Operator

Pre Packaged Food/Beverages Only

All food/beverages will be prepackaged and no food preparation will be conducted in the booth.

Overhead protection and approved floor cover will be on site because I am selling prepackaged food/beverages only. Yes No

Non Pre Packaged Food/Beverages

- | | |
|--|--|
| 1. I understand I can not prepare food/beverages at home. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. I am preparing all food/beverages on-site | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. I am preparing all food/beverages in an approved commissary/production kitchen. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Name & address of commissary/production kitchen: _____ | |
| 5. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation <i>(attach permit copy)</i> . | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous food during all times of booth operation. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I am providing the following minimum hand washing facilities:

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| 7. Water supply dispenser (5-10 gallons) with hands free spigot. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Booths with open food/beverage preparation will be required to have water temperature of 100°F for hand washing. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. One separate tub (bucket or basin) for collection of rinse/waste water. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Pump style soap container. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Paper towels & trash receptacle. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I am providing the following items within my booth for the sanitary cleaning of food preparation utensils:

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| 12. Three (3) compartment container (basin 6-8 inches minimum); (1) Detergent & Water, (2) Clean rise water (3) Appropriate sanitizing solution, 4) Test strips for checking sanitizer. <i>See page 4</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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I am protecting the non pre packaged food/beverage preparation areas from insects, dust, and the public by the following method:

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|---|--|
| 12. A booth with walls and ceiling constructed either of wood, canvas or other approved materials with fine mesh fly screening, completely enclosing open food areas. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. A booth with cleanable flooring (concrete, asphalt, tight wood or other similar cleanable material are acceptable). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. Food/beverage supplies will be stored at least 6 inches off the ground. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I have read the handout on Requirements for Temporary Food Facilities and will follow the guidelines provided in this handout.

Completed by (signature): _____	Date: _____
Please print name: _____	
Event Coordinator: _____	Date: _____