

To be Completed by **each** Food Booth/Truck Operator and submitted to Event Coordinator

| <b>TEMPORARY FOOD FACILITY OPERATOR INFORMATION</b>  |                                  |          |
|--|----------------------------------|----------|
| NAME OF EVENT:   | DATE(S):                         | TIME(S): |
| LOCATION:  | ONSITE CONTACT PERSON:           |          |
| NAME OF BOOTH, ORGANIZATION OR COMPANY:  | Truck License #                  | PHONE #: |
| MAILING ADDRESS, CITY & ZIP OF BOOTH OPERATOR:   | EMAIL ADDRESS OF BOOTH 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"/> <b>Out of County Vendor/ Food Truck - provide home county health permit</b> <input type="checkbox"/> CFO |                                  |          |

**List food /beverage to be sold or given away:**  
(including beverages, condiments & ice)

**Source(s) of all food/beverages purchased/ prepared:** e.g. *Restaurante Caterer, Cottage Food Operation, Costco, Winco, Market, etc*

**Type of cooking equipment to be used:**  
(e.g. *barbeques, fryers, griddles, etc.*)

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**Food Booth Operator Checklist**

**All food must be from an approved source or facility.**

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|---|--|
| 1. I understand I <b>can not</b> prepare food/beverages at home.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am preparing all foods on-site.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I am preparing approved foods in my CC County registered/permited Cottage Food Operation.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I am preparing all foods in an approved commercial facility.<br>Name & address of commercial facility: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. All food/beverages will be prepackaged and no food preparation will be conducted in the booth  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous foods during all times of booth operation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**I am providing the following minimum handwashing facilities:**

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|--|--|
| 7. Water supply dispenser (5-10 gallons) with hands free spigot.<br>(Any booth with open food or food preparation will be required to have water temperature of 100°F for handwashing. Prepackaged food/beverage booths do not need 100°F water for handwashing) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. One separate tub (bucket or basin) for the collection of rinse/waste water.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Pump-style soap container (or squeeze type).  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Paper towels and trash receptacle.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

- |   |  |
|---|--|
| 11. Three (3) deep tubs (basin 6 – 8 inches minimum); one with detergent & water, the second with clean rinse water and the third with sanitizing solution. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

**I am protecting the unpackaged food and food preparation areas from insects, dust, and the public by the following method:**

- |   |  |
|---|--|
| 12. A booth with walls and ceiling constructed either of wood, canvas, plastic, or similar material with fine mesh fly screening, completely enclosing open food areas. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. A booth with cleanable flooring (concrete, asphalt, clean tarps and smooth wood are acceptable).  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Overhead protection and approved floor cover because I am selling prepackaged food/ beverages only.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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: _____ |