

# Commonwealth of Virginia

Serving the people of:  
Floyd County  
Giles County  
Montgomery County  
Pulaski County  
Radford City



*New River Health District  
Environmental Health Division*

## TEMPORARY EVENT APPLICATION PACKET

A “TEMPORARY FOOD ESTABLISHMENT” IS ANY FOOD FACILITY THAT OPERATES AT A FIXED LOCATION FOR A PERIOD OF TIME OF NOT MORE THAN 14 CONSECUTIVE DAYS IN CONJUNCTION WITH A SINGLE EVENT OR CELEBRATION.

**If you have questions concerning temporary events or need further assistance, please contact the local Health Department where the event will be held**

### *Floyd County Health Department*

123 Parkview Road NE  
Floyd VA 24091  
Phone: (540) 745-2142  
Fax: (540) 745-4929

### *Pulaski County Environmental Health Department*

143 3rd Street NW-Suite 4  
Pulaski, VA 24301  
Phone: (540) 440-2166  
Fax: (540) 994-5039

### *Giles County Health Department*

1 Taylor Avenue  
Suite 4  
Pearisburg, VA 24134  
Phone: (540) 235-3135  
Fax: (540) 921-1335

### *Radford City Health Department*

220 East Main Street  
Radford, VA 24141  
Phone: (540) 267-8255  
Fax: (540) 831-6109

### *Montgomery County Environmental Health Department*

210 S. Pepper St. Suite A  
Christiansburg, VA 24073  
Phone: (540) 585-3357  
Fax: (540) 381-7109

### **Enclosed:**

- Event Coordinator Form/Checklist (only if more than 1 vendor)
- Application for a Temporary Food Establishment Permit (one application needed per vendor)
- Temporary restaurant checklist/self inspection (one checklist per vendor-to take to event)

These temporary restaurant forms and additional information can also be obtained from our district web site at [www.vdh.state.va.us/lhd/newriver](http://www.vdh.state.va.us/lhd/newriver)

# NEW RIVER HEALTH DISTRICT

## APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT

**\*\*A COMPLETED APPLICATION AND FEE TO YOUR EVENT COORDINATOR (OR TO THE LOCAL HEALTH DEPARTMENT IF YOU ARE THE ONLY VENDOR) MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT\*\***

**PERMIT FEE: \$40 PER CALENDAR YEAR . A RECEIPT, PERMIT, 501c3 OR FEE MUST ACCOMPANY ALL APPLICATIONS.**

- \$40 Temporary Food Establishment Application Fee
- \$0 Temporary Food Establishment Application Fee for churches, FOP, school and social organizations, volunteer fire departments and rescue squads that are except under Code of VA 35.1-25 and 35.1-26
- \$0 Applicant with documentation of paying a Temporary Food Establishment fee in the current calendar year
- \$0 Individual resident \_\_\_\_\_ locality participating in only one (1) temporary event per calendar year which is located in \_\_\_\_\_.

NAME OF EVENT \_\_\_\_\_

LOCATION (ADDRESS) OF EVENT \_\_\_\_\_

DATE(S) OF OPERATION: \_\_\_\_\_ TIMES: \_\_\_\_\_ TO \_\_\_\_\_ RAIN DATE: \_\_\_\_\_

NAME OF VENDOR/ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL: \_\_\_\_\_

FACILITY TYPE:  Building on site  Mobile unit  Push cart  Stand  Tent  Trailer  Other \_\_\_\_\_

Note: If set up is on dirt or gravel, it must be covered with mats, duckboards, platforms or other approved materials to control dust and mud. All food preparation, service, display and storage areas must have an approved overhead covering.

RUNNING WATER AVAILABLE?  Hot  Cold  None

<b>DESCRIBE HAND WASHING METHODS</b> [EX. SOAP, WATER, TOWELS, BASIN]	
<b>DESCRIBE METHOD OF CLEANING AND SANITIZING UTENSILS</b> [DESCRIBE SANITIZER TO BE USED]	
<b>LIST ALL COOKING EQUIPMENT</b> [GRILL, DEEP FAT FRYER, HOTPLATE, ETC. INCLUDE GAS, ELECTRIC 110 OR 220 VOLTS]	
<b>LIST HOT AND COLD HOLDING METHODS</b> [EX. COOLERS, STEAM TABLE, ICE]	

**Health Department Use** Date Application received \_\_\_\_\_ Received By: \_\_\_\_\_

Fee submitted with application?  Yes  No    Cash \_\_\_\_\_    Check number \_\_\_\_\_

Receipt submitted with application?  Yes  No    Receipt number \_\_\_\_\_

**This form contains personal information subject to disclosure under the Freedom of Information Act.**

**PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING FOODSERVICE:**

FOOD AND BEVERAGES THAT WILL BE SERVED [INCLUDE QUANTITY, EX. POUNDS OR GALLONS]	SOURCES OF FOOD AND BEVERAGES [GROCERY STORE, REST. SUPPLIER, ETC.]  <i>REMINDER: No foods may be prepared at home</i>	-FOOD PREPARATION- DESCRIBE HOW AND/OR WHERE THE FOLLOWING WILL TAKE PLACE :  THAW- WASH- CUT-ASSEMBLY-COLD HOLDING- COOKING-HOT HOLDING-REHEATING

***Certification***

I will comply with the requirements of the Virginia *Food Regulations* . I understand that failure to comply may result in denial or suspension of my permit, as per Section 12 VAC 5- 421-3770 of the *Regulations*

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print name \_\_\_\_\_

**This form contains personal information subject to disclosure under the Freedom of Information Act.**

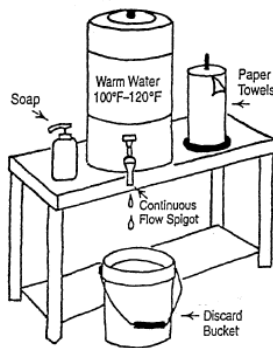
**RESTAURANT CHECKLIST / SELF INSPECTION**

**Permit** 1. Checklist reviewed with all individuals working at the food booth. 2. Temporary Restaurant Permit POSTED where it is visible to the public.

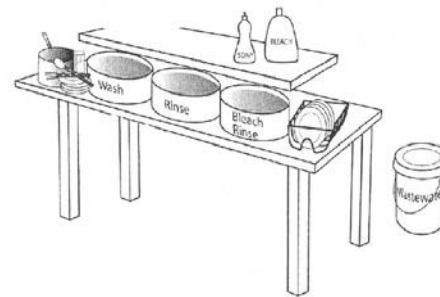
**Site Location & Construction:** 1. Convenient to toilets. 2. Covered trash containers. 3. Facility (booth) to be arranged or constructed to protect foods, utensils & equipment from flies, dust and other contamination (screens, roof or tarp covering and no exposed dirt or gravel floors.) 4. Approved water source. 5. Placement of grills and fryers in accordance with fire codes.

**Food Workers:** 1. No ill workers. 2. No handling of ready-to-eat foods with bare hands-disposable gloves, spatulas, tongs, etc. provided. 3. No eating, drinking or smoking inside food booth. 4. Clean outer clothing (i.e. aprons) and hair adequately held back. → **HANDS WASHED FREQUENTLY**

**Hand washing:** 1. Soap dispenser, paper towels and waste bucket provided. 2. Access to sink with running hot and cold water **OR** hand wash station detailed below. 3. Five gallon container filled with warm water provided. Has continuous flow spigot so that both hands can be washed at the same time.



**SAMPLE HAND WASH STATION**



**SAMPLE DISHWASHING SET-UP**

**Dishwashing – 3 Step Procedure:** Three compartment sink with **hot and cold** running water **OR** 3 large containers. Each container pre-set to: wash, rinse, then sanitize (for bleach sanitizing rinse, use one teaspoon of bleach for every gallon of water) - air dry. **WASTE WATER DUMPED INTO AN APPROVED SEWER SYSTEM OR WASTE RETENTION TANK- NOT ON THE GROUND.**

**Wiping cloths:** Clean and stored between use in a bucket of sanitizer such as bleach. Test kit provided for monitoring sanitizer strength for wiping cloths and sanitizing rinse described above. For bleach, 50-100 PPM.

**Food Source :** 1. No foods prepared at home. 2. Foods from an approved source and prepared fresh on site **OR** foods prepared at a health department approved food facility, then covered and transported to the site while maintaining temperature control.

**Foods Subject to Spoilage:** 1. **Cold** perishable foods held at or below **41°F**. **Hot** perishable foods held at or above **135°F**. 2. Thermometers available to monitor food and refrigerator/cooler temperatures. 3. Minimum cook temperatures: pork 145 °F, hamburgers 155 °F, chicken 165 °F. 4. Adequate coolers, refrigerators, etc. to maintain product temperatures during purchase, transportation, service. 5. Foods thawed in refrigerator or cold ice chest, not at room temperature.

**Food Protection & Service:** 1. Self-serve condiments in dispensers or individual packets. 2. Foods on display covered or protected behind sneeze shields or individually wrapped. 3. Ice dispensed using scoop with handle. 4. Foods covered and protected from flies, dust, animals, etc. 5. Foods, beverages, utensils and single service items stored up off the ground at least six (6) inches.

**EVENT COORDINATOR FORM**

**An event coordinator is required for all temporary food events involving multiple vendors. The following information is to be completed by the COORDINATOR:**

Name of Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Rain date \_\_\_\_\_

Set-up time \_\_\_\_\_

Actual operation time \_\_\_\_\_

**COORDINATOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Number of anticipated food booths \_\_\_\_\_ Estimate number of patrons \_\_\_\_\_

Will electricity be provided to the food booths? Yes  No  If Yes, describe \_\_\_\_\_

Describe water source \_\_\_\_\_

Describe wastewater disposal (ex. dump station, public sewer, temporary holding tanks, etc.) \_\_\_\_\_

Describe garbage disposal method \_\_\_\_\_

**\*\*\*Please attach a map showing the location of all food vendors, dumpsters, restroom facilities, petting zoos, pony rides or other live animal displays \*\*\***

**Checklist for coordinator**

ENSURE EACH VENDOR RECEIVES AN APPLICATION AND A TEMPORARY RESTAURANT CHECKLIST / SELF INSPECTION.

SUBMIT - ALL IN ONE PACKET- TO THE **HEALTH DEPARTMENT** AT LEAST **10 CALENDAR DAYS** PRIOR TO THE EVENT, THE FOLLOWING: 1) MAP DESCRIBED ABOVE 2) ONE COMPLETED EVENT COORDINATOR FORM 3) ALL COMPLETED AND SIGNED VENDOR APPLICATIONS AND FEES (OR COPIES OF RECEIPTS, PERMIT OR 5013C IF APPLICABLE). PLEASE INCLUDE APPLICATIONS FROM ALL FOOD VENDORS PARTICIPATING IN THE EVENT ALONG WITH A COPY OF THEIR ANNUAL HEALTH DEPARTMENT PERMIT.

**FOR OFFICIAL USE**

Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid\$ \_\_\_\_\_ Cash CC Ver #: \_\_\_\_\_ Check #: \_\_\_\_\_  
For: Plan Review Fee Renewal Other: \_\_\_\_\_ Received by: \_\_\_\_\_  
Approved for Permit: Yes No Environmental Health Spec. \_\_\_\_\_