

Environmental Health

Approved:	<input type="checkbox"/>
Not Approved:	<input type="checkbox"/>
Approved by:	_____
Date:	_____
Receipt#:	_____
EH-_____	_____



2625 N. King Street
 Flagstaff, Arizona 86004
 TEL 928.679-8750
 FAX 928 679-8771

Application for a Special Event Food Service Permit

Applications must be received by Environmental Health a **minimum of TEN (10) business days prior to the event. Payment must be attached with the application in order to process.** Late applications will be assessed a penalty fee (see below).

Single Event Fees:

Profit Food Vendor Selling Potentially Hazardous Food	\$90.00
Non Profit Food Vendor Selling Potentially Hazardous Food	\$75.00
Samplers, Minimal Preparation and Non-Potentially Hazardous Food	\$50.00
Samplers/Minimal Preparation Under Event Coordinator Permit	\$0.00

6 Month Fees:

Profit Food Vendor Selling Potentially Hazardous Food	\$140.00
Non Profit Food Vendor Selling Potentially Hazardous Food	\$115.00
Samplers, Minimal Preparation and Non-Potentially Hazardous Food	\$80.00
Samplers/Minimal Preparation Under Event Coordinator Permit	\$0.00

Penalty Fees

<i>Penalty fee</i> for application received less than 10 business days prior to event	\$50.00
<i>Penalty fee</i> for application received at the event	\$50.00

Applicant's Name & Business Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone numbers (*we will call you*, please provide phone(s) numbers where you can be reached):
 Phone# _____ Cell: _____ Other: _____
 Email: _____

Event Review: Please list *ALL* events that you plan to attend in the next six months in Coconino County. If additional space is needed please use the back of this sheet or an additional sheet of paper.

Event	Location	Date(s)	Set-up Time	Event Organizer	Phone Number

Menu Review: Please list *ALL* menu items, including ingredients used, drinks and condiments.
 If additional space is needed please use the back of this sheet or an additional sheet of paper.

Food Item	Off-site prep Yes or No	On-site prep Yes or No	Food Supplier/ Source	Preparation procedures <i>(i.e. wash, cut, refrag, grill, serve...be specific & incl. prep of non-phf's)</i>

PLAN REVIEW: ITEMS MARKED IN BOLD MUST BE ANSWERED BY ALL APPLICANTS. THESE ITEMS ARE REQUIRED OF ALL VENDORS. LEAVING THESE ITEMS BLANK WILL RESULT IN DENIAL OF YOUR APPLICATION

1. Obtained all necessary permits from the local building and planning and zoning authority
 Yes No

2. Construction of booth: Mobile Unit Tent (Refer to Special F.S. Requirements for more information)

3. Hand washing facilities: Plumbed sink OR Gravity Flow Dispensed soap/paper towels

4. Number of Certified Food Handlers: _____ *REQUIRED FOR ALL VENDORS EXCEPT SAMPLERS. MUST INCLUDE COPIES OF CERTIFICATION

5. Location of any "Advanced Preparation Site(s)" (Copy of license or commissary agreement must be included): _____

6. Cold-Holding Equipment: (Coolers are not allowed for storage of PHF's or raw meats overnight)

7. Hot-Holding/Cooking Equipment: _____

8. Where will produce be washed? _____ Will meats/foods be thawed? Yes No

9. How long will food be in transport to the event? _____

11. A calibrated, stem probe thermometer(s) is available (range 0-220F). Yes No

12. Type of chemical to be used as a sanitizer w/ test strips:

Chlorine/Bleach Quaternary Ammonia Iodine EPA Approved Sanitizing Wipes

13. Dishwashing Facilities 3-bin sink 3 portable tubs Single Use Utensils Backup Utensils

14. Where will water for the operation come from? _____

15. Waste water disposal: Sewer Septic RV dump station

16. Covered Garbage Cans: Yes No

17. Where will food be stored during the evening hours when booth is unoccupied?

I hereby consent to inspection by the Health Authority and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with the **Temporary Food Service Requirements**. I also understand that the permit fee is non-refundable

Applicant's Signature: _____ Date: _____

Payment method: Check _____ Cash _____ Credit Card _____

Credit Card# _____ Exp. _____

Address on credit card _____

Please print name as it appears _____

Debit/credit card processing fees are a minimum of \$1.5 up to 2.35%. American Express cards are not accepted.