

Application for a Temporary Food Facility (TFF) Permit at a Temporary Event

Complete BOTH sides of this form. RETURN TO THE EVENT COORDINATOR with applicable fees and documentation. Applications, fees must be submitted to this department by the Event Coordinator at least 2 weeks before the event.

Incomplete or late applications may not be approved or the menu may be restricted.

Once the application is approved, NO changes may be made without approval of this Department.

Unauthorized changes may result in permit suspension.

For applications and TFF requirements, go to www.ehinfo.org > Programs & Services > Consumer Protection Division > Temporary Events.

BUSINESS INFORMATION		EVENT INFORMATION								
Business or Organization Name / DBA		Event Name								
Owner Name or Care Of Name		Event Location								
Owner Address		Event Address								
City and Zip Code		City and Zip Code								
Owner Business or Home Phone		Food Service Date(s)	Food Service Time(s)							
Owner Cell Phone		Food Service Date(s)	Food Service Time(s)							
E-mail Address		Food Service	Food Service							
Event Coordinator Name and Phone		Date(s) Food Service	Time(s) Food Service							
TEMPORARY FOOD FACILITY (1	TEE) INEOPMATION	Date(s) Time(s) PERMIT TYPES (must check one, as applies)								
,	TEF) INFORMATION	•	as applies)							
Facility Type: ☐ Food Booth If your food booth will be larger than ☐ Beverage Booth(s)		 ☐ TE06 - RC1 Low-risk food ☐ TE07 - RC2 Moderate-risk food, prepared for same-day service (1-12 days) ☐ TE08 - RC2 Moderate-risk food, prepared for same-day service (13+ days) ☐ TE09 - RC3 High-risk food, prepared in advance, cooked, cooled, and/or reheated (1-12 days) 								
Total Number of Beverage Booths: Food Cart		☐ TE10 - RC3 High-risk food, prepared in advance, cooked, cooled, and/or reheated (13+ day ☐ TE14 - NO FOOD/BEVERAGE SALES – SAMPLING ONLY								
☐ Food Vehicle (Applies to vehicles not per☐ Truck ☐ Trailer☐ Indoor Event	rmitted by County of Santa Clara DEH)	☐ TE14 - NO FOOD/BEVERAGE SALES – SAMPLING ONLY ☐ TE01 - Annual Temporary Event Permit Holder (Santa Clara County) Permit Number (PT#):								
☐ Multiple food service stations: su and beverages (including beer/w	ubmit a simple site plan depicting where food ine) will be distributed.	☐ Veteran (submit the Affidavit for a Veteran's Exemption form with required documentation, along with a copy of your honorable discharge form <u>without</u> your social security information)								
Food Preparation Start Time: (Before Food Service Time)		BOOTH CONSTRUCTION INFORMATION								
Name of Temporary Food Facility: (Booth name to show on permit)		Overhead Covering: Canvas Wood								
Person in Charge Day of Event:		Floor: Asphalt Concrete Wood Tarp Other: (Grass or Dirt surfaces must be covered with approved tarps or plywood)								
Person in Charge's Cell Phone:		Walls: ☐ Screens ☐ Canvas ☐ Wood ☐ (Enclosed food booth required if unpackaged	Other:							
laws, and such inspection procedu in closure of the temporary food to	res necessary to ensure compliant facility. Any inspection time more	ce. Additionally, the undersigned is a than twenty minutes may be assess	applicable state and local regulations aware that non-compliance may resul sed, in 15 minute increments, at the made. Re-inspections may be subject							
I have read and understand the Re	equirements for Temporary Food Fa	acilities in the County of Santa Clara	and hereby agree to adhere to them.							
			tatements made herein are complete d is available to the public under the							
Applicant Signature	Print N	ame	Date							
***** OFFICE USE ONLY *****										
OW#:	FA#:	PR#:	BO#:							
☐PFR (Processed Food Registration)	□CF0	Certified Producers Certificate	☐ Other							



ATTACH ADDITIONAL SHEETS IF NECESSARY.

County of Santa Clara Department of Environmental Health 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone 408-918-3400 • Fax 408-258-5891 • www.EHinfo.org

FOOD INFORMATION: A complete listing of <u>ALL</u> food/beverage products served, sold, sampled, or given away from your facility must be detailed below.

Business Name:							Temporary Event Name:								
Money Itams (a)	Item will be served AT the Event:								Dra	Preparation Methods AT the Event:					
Menu Item(s) Include all food, beverages, condiments and all extra ingredients served with each item.	* (1) Prepared in Advance	Prepared ONLY at event	* (2) Pre-packaged	Hot L	Cold	Room Temperature	Cook to Order	* (3) Serve samples	Thaw	Cut / assemble / portion	Cook / bake / grill	BBQ / Deep fry	Reheat	List food equipment to be used at the event (e.g., cold-holding and hot-holding devices, rapid reheating methods, cooking equipment, sneeze guard protection) AND any additional preparation methods. - If any potentially hazardous foods will be held at room temperature, you must submit a written procedure for approval.	
Example: Hamburger		Χ		Χ					Χ			Χ		BBQ to cook, chafing dish to hot-hold	
Example: Cookies	Χ					Χ								Food storage containers	
* (1) ADVANCE PREPARATION activities	at a	ppro	ved k	kitch	en	□ No	o adv	ance	prep	arati	on				
If you do not have a permitted facility, you must obtain permission to use a kitchen or commissary facility which has been approved in advance by the local dept. of environmental health or obtain prepared foods from an approved source. Pre-event food preparation inspections may be required. Have copies of food invoices/receipts at your booth, available for review upon request, as any unapproved foods found will be removed from public distribution.															
Commercial Kitchen or Commissary Name Address and City The Applicant submitting this application has permission to use this facility specified date(s) and time(s). If this permission is rescinded, I will immed									his permission is rescinded, I will immediately						
Phone # Date(s)/Time(s)								notify County of Santa Clara, Department of Environmental Health (408-918-3400). Print name of Permit Holder or							
of Pre-Event use Valid Health Permit in Santa Clara County (SCC). Enter facility #: FA							Authorized Kitchen Representative Signature Date								
(a) Describe food items and how they will be prepared.															
(a) Describe food items that now they will be propared.															
(b) Describe cooling procedure for potentially hazardous foods (PHF). (Include how temperatures will be monitored and verified.) No PHFs															
* (2) Will you PRE-PACKAGE food/bever	ages	befo	re th	ie ev	ent?	□N	0 [∃Yes	s - Su	bmit a	а сор	y of y	your	valid Processed Food Registration.	
If you pre-package any foods or beverages, a Processed Food Registration is required. Visit the state's website for more info: www.cdph.ca.gov .															
* (3) SAMPLING Procedures: Samples prepared in advance? Yes No Samples pre-portioned and pre-packaged in advance? Yes No															
Include how and where samples will be prepared and how they will be served.															