

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

120 North Main Street
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

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.

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: _____

I AM AN INDIVIDUAL RESIDENT OF _____ COUNTY PARTICIPATING IN ONLY ONE (1) TEMPORARY EVENT PER CALENDAR YEAR WHICH IS LOCATED IN _____ COUNTY.

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

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

Health Department Use	Date Application received _____ Received By: _____
Fee submitted with application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cash _____ Check number _____
Receipt submitted with application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt number _____

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.

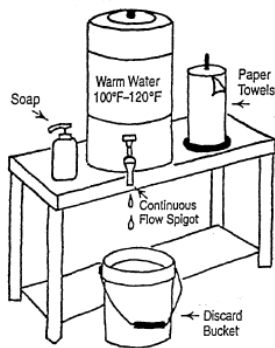
RESTAURANT CHECKLIST / SELF INSPECTION

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

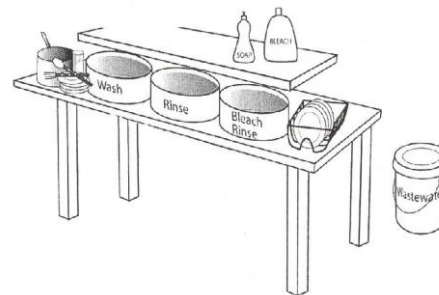
Site Location & Construction: 1. Convenient to toilets. 2. Covered trash containers. 3. Facility (booth) to be arranged or constructed to protect foods, utensils & equipment from flies, dust and other contamination (screens, roof or tarp covering and no exposed dirt or gravel floors.) 4. Approved water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

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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.