CCHD CITY-COUNTY HEALTH DEPARTMENT

**For Office Use Only**
**Date Application Received: _____ By (Initial):_____**
**Date Payment Received:_____ By (Initial):_____**
☐ **Check here if FEE EXEMPT**

# TEMPORARY FOOD SERVICE (TFS) PERMIT APPLICATION

****MUST HAVE ANNUAL TEMPORARY FOOD SERVICE PLAN REVIEW APPROVED AND ON-FILE ****

(*For first event of year, fill out "Temporary Food Service PLAN REVIEW Application"*)

**TFS Permit Fees** (*Please make check or money order payable to CCHD)*

☐ **$35** Permit Fee ☐ **Fee Exempt** Non-Profit Organization (as defined in 50-50-102 MCA)

**Licensee (Operator/Owner) Name:** _____

**Establishment Name:** _____

**Licensee Mailing Address**: _____

**City:** _____ **State:** _____ **Zip Code:** _____

**Contact Telephone: (____)** _____ **Contact FAX: (____)** _____

**Contact Email Address:** _____

**Name of Temporary Event:** _____

**Temporary Event Physical Location:**_____

**City:**_____ **Zip code:** _____ **County:**_____

**Dates of Operation:** _____ **To** _____ **Total Days Operating:**_____
(Start Date) (Last Day)

| **ON-SITE EVENT INFORMATION** | |
|---|---|
| **Event Organizer's Name:** | **Event Organizer's Telephone Number:** |
| **TFS On-site (Person-in-Charge) Name:** | **TFS On-site Contact Telephone Number:** |
| **Hours of Operation (include time set-up will begin):** | **Anticipated Maximum Attendance at Peak Time:** |
| **Event Location (select one):**<br>☐ Indoor Event ☐ Outdoor Event<br>**Will event occur regardless of weather conditions?**<br>☐ Yes ☐ No | **Facility Type (select one):**<br>☐ Booth ☐ Mobile Food Establishment<br>☐ Permanent Building ☐ Food Cart |

***I hereby certify that the information I have supplied above is true and correct. Additionally, I agree to operate by all standards outlined in the approved TFS Plan Review on-file for the establishment. I understand any menu and/or set-up changes made without prior health department approval will invalidate the permit and may result in closure of the temporary food establishment.***

**Licensee Signature:** _____ **Date:** _____

**TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT THE SPECIFIED TEMPORARY EVENT, FOR THE DATES OF OPERATION SPECIFIED ABOVE. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW ATTACHED REQUIREMENTS AS SPECIFIED BY THE LOCAL HEALTH AUTHORITY.**

***This Section is to be completed and signed by the Regulatory Authority ONLY!***

**TFS Plan Review Current and On-File?** ☐No ☐Yes, Date of Plan Review Approval: _____

**Permit Approved?** ☐Yes ☐No Reason(s) for denial:_____

Regulatory Authority Name (Print):_____

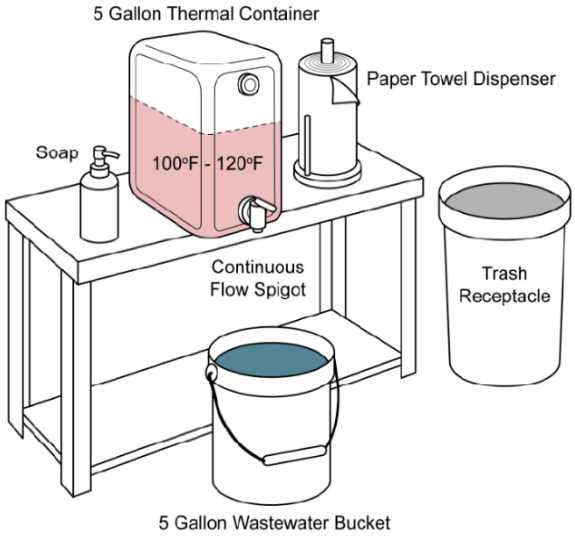
Signature:_____ Date: _____

## MINIMUM REQUIREMENTS FOR SAFE FOOD HANDLING



1. **Holding temperatures:** **Hot food ≥ 135°F** **Cold food ≤ 41°F**
2. **Cooking temperatures:** **Whole Beef/Pork ≥ 145˚F** **Ground Beef/Pork ≥ 155˚F** **Chicken ≥ 165˚F**
3. **Reheat temperature** (heating precooked food)**: ≥ 165°F**
4. **Thermometers:** Metal stem food thermometer must be available to check food temperatures. Cold holding equipment must have ambient air thermometers.
5. **Thawing procedures:** Thaw under cold, running water (≤ 70°F) or in fridge (≤ 41°F).

### Temporary Handwashing Sink




6. **Wash hands** thoroughly <u>before</u> putting on disposable gloves or handling food; <u>after</u> visiting a restroom, smoking, eating, or drinking; <u>after</u> handling raw meats, garbage, soiled linens, or dirty dishes; or <u>any time</u> hands become contaminated. Highly recommend assigning staff to specific duties to limit the chance of contamination and reduce the need for handwashing (e.g., one person work register, other prepare food).
7. **No bare hand contact with ready-to-eat (RTE) foods!** Disposable food handler gloves, deli paper, or utensils **must** be used when handling or serving RTE foods (e.g., cooked foods, buns, salad).
8. **Exclude ill individuals from food prep**! Staff with diarrhea, vomiting, jaundice, sore throat with fever, skin infection, open or draining wounds, or with uncontrolled cough, runny nose or sneezing must not prepare food.

9. **Separate raw foods from cooked or RTE foods** during food prep and storage.
10. **Wash raw fruits and vegetables** before being served or cooked.

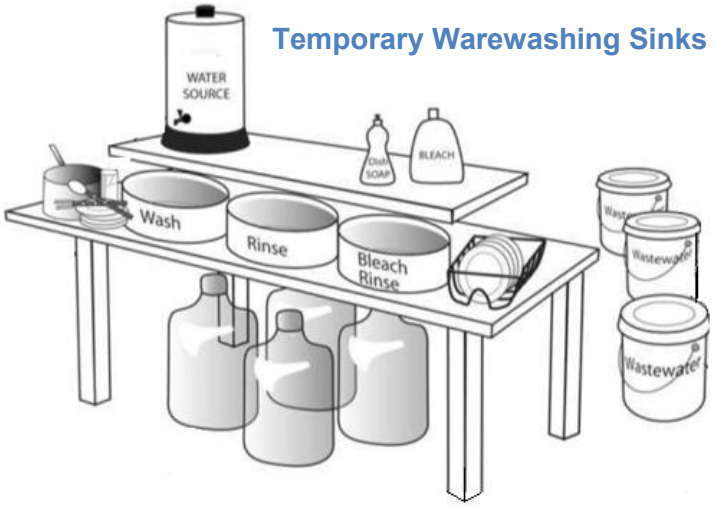
11. **Clean and Sanitize food contact surfaces** (e.g., tables, counters, cutting boards) prior to use, at least every 4 hours during use, and after contact with raw meats.
    a. **Bleach Sanitizer:** mix ½ cap regular, unscented bleach/gal. water (100 ppm chlorine).
    b. **Quaternary Ammonium Sanitizer:** mix as directed on container (150-400 ppm QA).
    c. **Use appropriate test strips to test concentration.**
    d. **Store in-use wiping cloths in sanitizer bucket.**








### Temporary Warewashing Sinks




12. **Clean and sanitize all utensils and dishes** in this order: **Wash > Rinse > Sanitize > Air dry**. Mix sanitizer as describe above. If utensil such as knives, tongs, or spatulas are used continuously, clean and sanitize at least every 4 hours or bring extra clean utensils.