

TANEY COUNTY HEALTH DEPARTMENT

TEMPORARY FOOD EVENT VENDOR/ORGANIZER APPLICATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



For a list of permit fees visit www.taneycohealth.org/envordinances.php

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your temporary food event. **If Vendor only, Sections A & B of this application must be completed and submitted to Taney County Health Department a minimum of 10 working days prior to the event. . If Organizer only Sections A & C, if Organizer and Vendor, Sections A, B & C of this application must be completed and submitted to Taney County Health Department a minimum of 30 working days prior to the event. Application fee of \$100 applies to all.** For more information call 417-334-4544 Ext. 247.

SECTION A

Section A to be completed by Vendor and/or Organizer **CONTACT INFORMATION**

Name of Event:	Event Location:	Organizer/Vendor Business Name:
Vendors Name:	Vendors Address:	Vendors Phone Fax
Vendors Email:	Event Organizer/Contact Name:	Event Organizer Address:
Event Organizer/Contact Phone Fax:	Event Organizer Email:	What type of permit are you applying for? <input type="checkbox"/> Vendor <input type="checkbox"/> Organizer <input type="checkbox"/> Organizer/Vendor

DATES & TIMES OF EVENT

Dates: From ____/____/____ To ____/____/____ Times: From ____ am/pm Through ____ am/pm

SECTION B

Section B to be completed by Vendor Only **FOOD PREPARATION**

<p>All food and beverage must be prepared on-site or in an approved kitchen (not a home kitchen or motel room). Provide the name and address of the advance preparation facility and dates and times it will be used. Attach copy of current Health Permit.</p> <p>Date and Time of Advance Preparation: ____/____/____ ____ am/pm to ____ am/pm</p>	<p>Facility Name:</p> <hr/> <p>Facility Address:</p>
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Discuss transportation temperature methods? *Temp logs need to be provided at the time of inspection.*

Structure for temporary kitchen: Tent with sides Trailer Other

If other, describe: _____

EQUIPMENT

Cold Holding: _____	Hot Holding: _____
Cooking (stove): _____	Hand Washing: _____
Grilling/ BBQ: _____	Hand washing sink available in food prep area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the grill be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Protection (sneeze guards, lids): _____
Utensil Washing (3 compartment sink, dish machine): _____	All foods must be covered once it is set out for service.

Section B to be completed by Vendor Only

SANITATION

Sanitizer Used: Bleach Quat Other _____

Need to have the following. Check all that apply.

- Sanitizer test strips Thermometer
 Gloves Food grade hose
 Backflow prevention device for food grade hose

Describe liquid waste/grease disposal method: _____

Describe means of garbage disposal: _____

Water/Ice Source:

- On-site municipal supply Holding tank
 Other _____

Holding tanks should be sanitized prior to filling with potable water. A water sample for coliforms will be taken 24 hours before event begins.

Size of Fresh Potable Water Tank: _____

Size of Gray Water Tank: _____

How will hot water (110°) be provided for hand washing and utensil washing? _____

Energy Supply:

- Electricity Propane Other _____

List all potentially hazardous food that will need to be held hot or cold.	What items will be prepared offsite or catered?	Cooking Procedures						
		Please Check All That Apply						
		Thaw	Prep	Cook	Hold	Cool	Reheat	Other

Thawing method/process to be used at the event:
 Submerged under running water Thawed in microwave Under refrigeration Not going to thaw

List remaining menu items: _____

List any food that will be self serve: _____

Section C to be completed by
Organizer Only

VENDOR LIST

Please list all food vendors below (including vendors with canned soda, water coolers, prepackaged foods, i.e. jelly, alcohol)

	Name	Address	Phone Number(s)	Tent/Trailer/Food Cart
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

- o Time of food vendor booth set-up: _____ am/pm
- o Will the organizer be providing central food/dining tent? Yes No
If yes, describe: _____
- o Will the organizer supply water/ice to food booths? Yes No
If yes, please list the source of the water/ice: _____
- o Will the organizer supply refrigeration equipment for the food booths? Yes No
If yes, describe: _____
- o Will the organizer be supplying electricity to the food booths? Yes No
If yes, describe: _____
- o Will back flow preventers be provided for water hook-ups? Yes No
- o Describe liquid waste/grease disposal method and schedules for pick-up: _____

- o Describe garbage disposal method and schedules for pick-ups: _____

- o Will there be a refrigeration food supply truck on site? Yes No

SANITATION

- o Number of toilet facilities provided: _____ Type: _____
Name of company providing toilet service: _____ Phone: _____
Number of times per day to be serviced (emptied, restocked): _____
- o Number of handwash facilities provided: _____ Type: _____
Name of company providing handwashing facilities service: _____ Phone: _____
Number of times per day to be serviced (restocked): _____

Please make sure that the application is fully completed prior to submission.

Signature of Food Organizer/ Vendor Applicant: _____ Date: ____/____/____

Signature of Inspector Approving Application: _____ Date: ____/____/____