DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

APPLICATION FOR PERMIT TO OPERATE TEMPORARY FOOD ESTABLISHMENT (TFE) AS PART OF A LARGE EVENT

COMPLETE AND RETURN TO COORDINATOR 30 DAYS PRIOR TO EVENT

APPLICATIONS MUST BE SUBMITTED BY THE EVENT COORDINATOR TO THE ENVIRONMENTAL HEALTH FIELD SERVICES OFFICE 30 DAYS PRIOR TO THE EVENT

Name of Event: _____ **Date(s) Of Event:** _____

Location of Event: _____

Business/Organization Name: _____ **Phone:** _____

Contact Person: _____ **Day Phone:** _____ **Fax:** _____

Contact Person Email: _____

Applicant Mailing Address: _____

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

Name of Person-in-Charge of this TFE at Event: _____

Proposed Menu: _____

_____

Site of Food Preparation (if other than Event location): _____

Vendor/Supplier of Foods (including milk, ice): _____

Water Supply (circle one): Public System Bottled

Equipment Used for Transporting Foods to Event: _____

Equipment Used for Cooking Food to Required Temperatures: _____

Equipment Used for Maintaining Cold Food at 41° F or Lower: _____

Equipment Used for Maintaining Hot Food at 135° F or Above: _____

Hand Washing Facilities: Jug or Dispenser of water with spout AND catch basin, soap, paper towels

Utensil Washing Facilities (Circle One): 3-Compartment Sink/3 Containers Multiples of Utensil(s)

In applying for a Temporary Food Establishment permit, I understand that failure to comply with all food safety requirements may result in the suspension of the permit, at which time all food operations must cease, until corrective action is taken and approved.

_____ _____

Signature and Title of Applicant **Date**

<<FOR OFFICIAL USE ONLY>>

Application Approved By: _____ Date: _____

Approved with Following Revisions: _____