

**DAVIS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

99 South Main Street
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**APPLICATION FOR A TEMPORARY FOOD
ESTABLISHMENT PERMIT
(TEMPORARY FOOD ESTABLISHMENT = TFE)**

NAME OF EVENT _____

LOCATION OF EVENT _____

DATES OF EVENT _____

NAME OF TFE _____

NAME OF OWNER/OPERATOR _____

MAILING ADDRESS _____

PHONE NUMBER(S) _____

Please complete the following questions and/or informational items

1. List **ALL** of the food and beverage items to be served (Note: any changes in the menu submitted must be approved prior to serving)

2. Will all foods be prepared at the TFE site? Yes _____ No _____ (Note: no foods will be allowed to be prepared off-site unless from an approved commercial kitchen. No home canned, cooked, bottled, or brewed items will be allowed.)

3. Describe how frozen, cold and hot foods will be transported to the TFE: _____

4. How will temperatures be monitored during the event? _____

5. Identify the sources for each meat, poultry, seafood and ice: _____

6. Describe the number, location and set up of handwashing facilities to be used by the TFE workers: _____

7. Describe the source of the potable water supply (different from hand wash water): _____

8. Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed: _____

9. Describe how garbage disposal will be handled: _____

10. If refrigeration units will be used, described how electricity will be provided: _____

11. Please add any additional information about your TFE that should be considered: _____



Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the Davis County Health Department Environmental Health Services Division may be grounds for suspension of any permit issued.

Signature(s): _____

Date: _____

Approval of these plans and specifications by the Division does **not** indicate compliance with any other code, law or regulations that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed TFE. A pre-opening inspection of the TFE may be necessary to determine if it complies with the regulations.

APPROVAL: _____ Environmental Health Services Division

Date: _____

SKETCH SHEET

In the following space, provide a drawing of the TFE. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.