

# Klamath County Public Health

- Single
- Seasonal
- Intermittent

Event Name: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Event Coordinator's Phone: \_\_\_\_\_

## Temporary Event Restaurant License Application

Submit the proper fee with the completed application prior to the event.

1. **Food Booth Name:** \_\_\_\_\_

Event Location: \_\_\_\_\_

Person in Charge of Booth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Dates: \_\_\_\_\_

2. **Advance Preparation:** All food must be prepared in a facility approved by Public Health or the Dept. of Agriculture.

### No home-prepared foods are allowed

Describe: \_\_\_\_\_

\_\_\_\_\_

3. **Food Temperature Control:** How will you provide for proper food temperature control?

*Please circle all that apply.*

a) Cold-holding devices:                      refrigerator    coolers    freezer

b) Hot-holding devices:                      bain-marie    steam table    cambro    crockpot    hot dog broiler

c) Rapid-heating devices:                      stove    oven    burner    grill    microwave

d) How will food be transported:    personal vehicle    van    pickup    bicycle

4. **Leftovers:** What will you do with leftover food? \_\_\_\_\_

5. **Booth Construction:**

Type of Overhead Protection Provided: \_\_\_\_\_

Type of Floor Provided: \_\_\_\_\_

6. **Water Source:** \_\_\_\_\_

**All water utilized must be obtained from a public water supply**

**7. Must Obtain Before Event:**

- Food Handler Cards (1 certified worker per shift)
- Probe Thermometer to check food temperatures (Range of 0°-220°F)
- Refrigerator Thermometer in every cooler/refrigerator unit
- Hand-washing Facilities (Must be set up before any food preparation takes place)

Describe: \_\_\_\_\_

- Test Strips for sanitizing solution (e.g., 1 tsp. bleach per gallon of water)

**8. Where/how will utensils and dishes be cleaned:**

\_\_\_\_\_

**9. Where will food be stored between events:**

\_\_\_\_\_

- All stored food must be date marked

**10. Menu:** (List all food items, including toppings)

Food Item	Preparation on-site/off-site	Food Item	Preparation on-site/off-site
e.g., chicken rice soup	X /		/
	/		/
	/		/
	/		/
	/		/
	/		/
	/		/
	/		/
	/		/

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility used for (off-site) food prep, storage, and utensil washing:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Intermittent Temporary Restaurant Applicants

*Only complete this section for intermittent temporary applications*

### Oversight Organization of the Event(s):

Organization Name: \_\_\_\_\_

Name of Event(s): \_\_\_\_\_

Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Services provided by the oversight organization (e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

\_\_\_\_\_

Dates of food service (start date / end date): \_\_\_\_\_

Days and times of food service (booth) operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End time							

### Oversight Organization of the Event(s):

Organization Name: \_\_\_\_\_

Name of Event(s): \_\_\_\_\_

Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Services provided by the oversight organization (e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

\_\_\_\_\_

Dates of food service (start date / end date): \_\_\_\_\_

Days and times of food service (booth) operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End time							