

**ALLIANCE CITY HEALTH DEPARTMENT  
TEMPORARY FOOD PERMIT QUESTIONNAIRE**

**EVENT**

Name \_\_\_\_\_

Location \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

**PERSON(S) IN CHARGE OF TEMPORARY FOOD STAND**

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Telephone \_\_\_\_\_

**LIST ALL PROPOSED FOOD ITEMS**

_____	_____
_____	_____
_____	_____
_____	_____

**WHERE WILL ABOVE FOOD ITEMS BE PREPARED?**

At the Food Stand     At a Licensed Food Operation     Other, Specify \_\_\_\_\_

**HOW WILL POTENTIALLY HAZARDOUS FOODS BE HELD AT PROPER TEMPERATURES?**

**(Hot holding must be 135 degrees or greater)**

Check following equipment to be used:     Roasters     Grills     Steam Tables

Crock Pots     Chafing pans with sterno     Other, Specify \_\_\_\_\_

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(Cold holding must be 41 degrees or less)

Check following equipment to be used:     Ice Coolers     Mechanical Refrigeration

Other, Specify \_\_\_\_\_

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**HOW WILL FOOD BE STORED OVERNIGHT, IF EVENT IS MORE THAN ONE DAY?**

Specify \_\_\_\_\_  
\_\_\_\_\_

**HOW WILL EQUIPMENT AND UTENSILS BE PROPERLY CLEANED AT THE EVENT, IF SOILED OR UNCLEAN?**

\_\_\_\_\_  
\_\_\_\_\_

**HOW WILL HAND WASHING BE MADE AVAILABLE? EXPLAIN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHERE ARE THE SUPPORT FACILITIES LOCATED SUCH AS WATER, RESTROOMS, TRASH SERVICE AND WASTE WATER DISPOSAL?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROVIDE (IN THE SPACE BELOW) THE LAYOUT OF THE AREA TO BE USED FOR THE STAND INCLUDING TABLES, EQUIPMENT AND CLEANING SET UP.**