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Environmental Health Services Temporary Food Booth Application

(This application is not typically considered unless it is in conjunction with an approved special event.)

Name of Event: _____ Dates of Event: _____

Temporary Food Booth Information

Name of Food Booth: _____ Telephone: (_____)_____

Location: _____
Street Address City State Zip

Applicant Information

Owner or Corporation Name: _____

Owner or Corporation Address: _____

Owner or Corporation Phone: (_____)_____ Email: _____

I hereby consent to inspection by Pinal County Environmental Health Services. I acknowledge that receipt and retention of this Permit depends on compliance with Law.

Signature of Applicant: _____ Date Signed: _____

List all foods and beverages that will be served from the booth at the event.

Main Dishes/ Side Dishes	Condiments	Snack Foods	Beverages

Food may not be prepared at home or in a non-permitted facility.
Where will the food be prepared? ☐ On-site in the Booth ☐ Permitted Establishment

Name of Establishment: _____ Phone #: _____

Address: _____ Permit #: _____

How will cold food be kept below 41° F? (e.g., meats, poultry, seafood, dairy products)

☐ Ice Chest #_____
☐ Refrigerator

How will food be kept above 130° F? (cooked, ready to serve meat, poultry, rice, vegetables, etc.)

* Wood Fires may be used for cooking, but not hot holding
☐ Electric Roasters #_____
☐ Propane Stove Burners #_____

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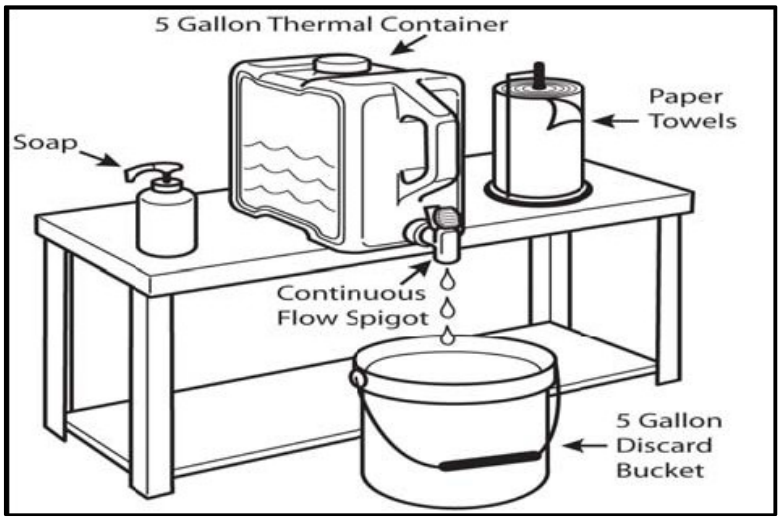
Hand-washing facility inside booth must consist of:



Utensils, cutting boards, etc. must be washed, rinsed, and sanitized in a three compartment sink setup.
*Formula for sanitation solution: one (1) tablespoon of fresh bleach for every gallon of water

Food Booth Enclosure/Concession Trailer:

☐ Food Booth (With screening, overhead covering and floor)
☐ Tent (screening on 4 sides, covered ground, concrete pad, or asphalt, overhead covering, and 1 door)
☐ Concession Trailer or Mobile Food Unit

Water Supply: _____

Wastewater Disposal: _____

Power Source: _____

FOR DEPARTMENTAL USE ONLY

Special Event Name:_____ Special Event Number: EFT-_____

Date Application Submitted:_____Application Received By:_____

Lawful Presence Determined By:_____

Reviewed By:_____Date of Review:_____

Permit Number:_____Date Assigned: _____

Approval: ☐ Recommended ☐ Denied

Notes (Reason for Denial):_____

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