# ROANOKE CITY and ALLEGHANY HEALTH DISTRICTS Your Partner in Community Wellness

## Commonwealth of Virginia





## Temporary Food Establishment Vendor Application

A completed application and any applicable application fee should be received by the appropriate health department at least **10 calendar days** prior to each event and be listed on the event Coordinator Application. Applications submitted after the deadline may not be approved.

Type of Application								
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	\$40.00	Temporary Food Establishment Application Fee.						
\$0.00 Temporary Food Establishment Application Fee for Churches, Fraternal, School Social Organizations and Volunteer Fire Departments and Rescue Squads the exempt under §35.1-25 and §35.1-26 of the Code of Virginia.								
	\$0.00	Application with documentation of paying a Temporary Food Establishment Fee in the current calendar year.						
	\$0.00	Individual resident locally participating in only <b>one</b> Temporary Event per calendar year which is located in:						
Event Information								
1. I	1. Event Name:							
2. Event Location:								
	3. Event Date(s): From To Rain Date(s): From To							
4. (	Coordinator	: Phone:						
Vendor Information								
1. V		iness Name (DBA):						
2. Vendor Ownership Name:								
3. V	3. Vendor Address:							
4. V								
5. (	Onsite Contact Name: Onsite Contact Phone:							
6. 5	5. Set-Up Date and Time:							
7. Name of Certified Food Protection Manager (CFPM):								
Type of Temporary Food Establishment								
1 Mobile Unit								
1. Mobile Unit  3. Tent/Canopy  4. Inside Puilding/Pooth								
2. Push Cart 4. Inside Building/Booth								

	Temporary Food Establishment Construction								
1	Overhead Covering: Canvas Wood Plastic Other:								
2.									
3.									
4	Water Source: Permitted Waterworks/Municipal								
	Private Well (VDH Approved water sample required)								
5.	Food grade hose provided: Yes No								
6.									
7.									
	• Self-contained portable unit (with potable water and wastewater holding tanks)								
	Plumbed with hot and cold water under pressure								
	Gravity-fed water with spigot and bucket								
	Note: Hand soap, single-use towels and trash receptacle shall be provided at all handwashing sinks.								
8.									
	Single-serve eating and drinking utensils Multi-use kitchen utensils								
9.									
	• Three-basin setup								
	• Shared three-compartment sink (if pre-approved)								
	• Three-compartment sink within a food establishment								
10	O. Utensil Sanitizer to be used: Chlorine Quaternary Ammonia Other:								
11. Wastewater Disposal provided by: Event Coordinator TFE Vendor Approved Dump									
Station Permitted Sewage Pumper Method (if not provided by the event):									
12	12. Food Storage or Display Equipment: Identify all holding equipment (hot or cold) that will be used:								
13. Cooking Equipment: Identify all cooking equipment that will be used:									
14. Food Transportation: Identify how food will be transported to events:									
15	15. Toilet Facilities for vendor employees (provided by): Event Coordinator TFE Vendor								
	Method (if not provided by the event):								
	6. Electrical Supply (provided by): Event Coordinator TFE Vendor								
17	17. Refuse Removal (provided by): Event Coordinator TFE Vendor Method by the event)								

### Food Preparation and Menu

Only the food items listed below will be approved to serve. Any changes must be approved by the local health department prior to the event.

List all foods that will be served. Attach additional pages as needed.

Food Item	Purchased Raw or Cooked?	On-site or Off-site Preparation?	Transported hot or cold? What type of equipment used to transport?	Type of cold holding equipment used at event? (41°F or below)	Cooking and/or reheating equipment used? Final cook temperature?	Hot holding equipment used at event? (135°F or above)			
~	n	0 91	Examples of Answer		C 11 1850D	C. T. II			
Sausage	Raw	On-Site	Cold, On Ice	Ice Chest	Grill, 175°F	Steam Table			

#### Ownership & Submittal Agreement

I attest to the accuracy of the information provided, affirm to comply with the food Regulations, allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required and agree to accept notices issued and served by the regulatory authority.

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

I understand this Health Department Temporary Food Establishment Vendor Permit is not transferable from one ownership to another. If any information listed or attached changes concerning the establishment, the permit automatically becomes void. The health department is to be notified of any such changes.

Applicant's Name (Print):	Title:						
Signature:	Date:						
Credit Card Information							
	f you prefer to make payment by credit card, complete the following information or call the ppropriate health department to provide your credit card information.						
Name on Card: Type of	Card: Visa MasterCard MasterCard						
16-Digit Account#:							
Expiration Date: 3-Digit #	On Back:						
Signature:							
VDH USE							
Received By: Mail In Person Email Fax Oth	ner:						
Payment Made By: Check Cash Money Order Cre	edit Card Wire Transfer						
Check/MO#: Receipt#: A	accepted By:						
Locality: Assigned To:							
Application Reviewed and Approved By:	Date:						