



MONTEREY COUNTY HEALTH DEPARTMENT

TEMPORARY FOOD FACILITY (TFF) PERMITS

CHECKLIST

Submit with Application & Fees

I. COMMUNITY EVENT/TEMPORARY FOOD FACILITY INFORMATION

- Guidelines for event participants.
- Event participant application with fees. (*Please submit to Environmental Health at least 30 business days prior to event date*)

I have received and read the requirements for a special event participant in Monterey County. I understand, as the special event participant, I am responsible for all aspects of the temporary food booth and food safety including but not limited to timely and proper submission of fees and application submittal in a timely manner. Cancellation of event may result in a forfeit of fee refund. Any violations relating to the temporary food booth will result in fees to be billed to the participant.

Participant's signature

Date

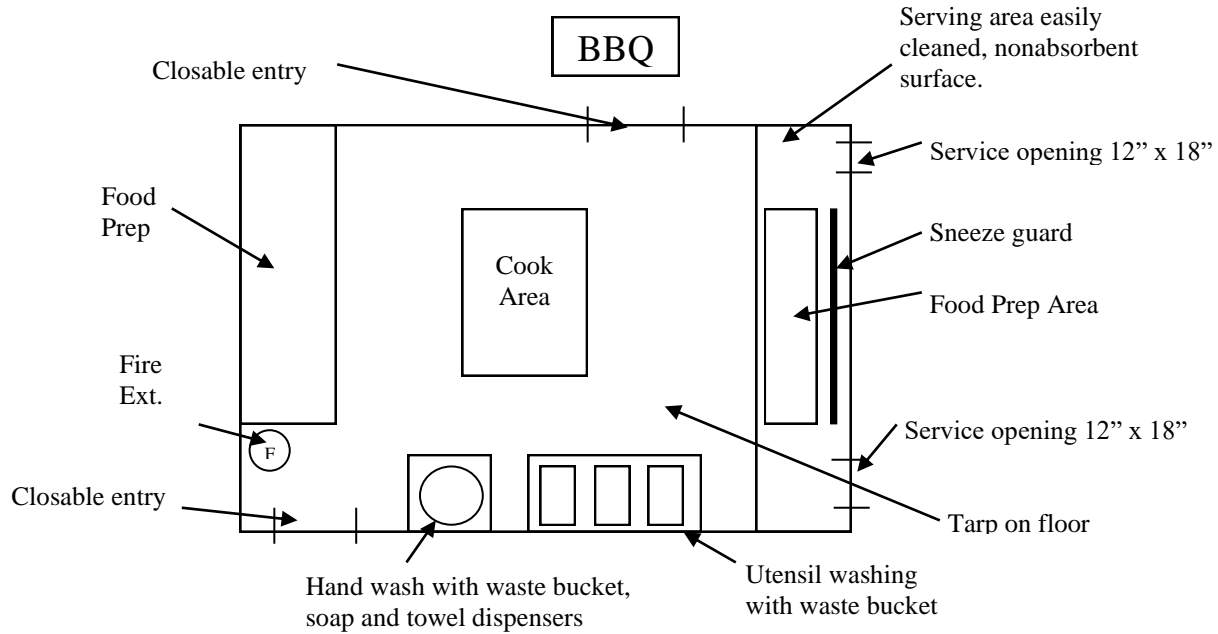
The following information is available online at www.mtyhd.org:

- Non-Profit Applicants.
- Requirements for Temporary Food Facilities.
- General Information for Food and Beverage Personnel.
- Handwashing and Utensil Washing Requirement.
- Polystyrene Ordinance Fact Sheet and Vendor List.
- Food Booth Construction Standards.

FORMS TO BE RETURNED WITH APPLICATION

- Signature Page.
- Site Plan for TFF.
- Written Operational Procedures.
- Application to Operate a Temporary Food Facility.

**TFF Site Plan
Example:**



**TFF Site Plan
Submit with Application**



Temporary Food Facility

Written Operational Procedures

TFF Name	Contact person
Name of Event	Event Location

The written operational procedures must be submitted for review and approval prior to operation of a temporary food facility. Any changes to this form, menu or equipment must have prior approval.

1. List all foods you will be offering for sale/sample and where each of these foods will be purchased and prepared. Attach additional pages if more space is needed.

Foods to be Served	Where purchased/prepared

2. Explain how food will be transported from a permanent food facility or other approved food facility to the temporary food facility and steps to be taken to prevent contamination of food(s).

3. Explain how potentially hazardous food(s) will be maintained at or below 41° F or at or above 135° F.

4. Indicate how food-contact surfaces and utensils will be cleaned and sanitized

5. What specific sanitizer and/or sanitizing method will you use? Indicate if you will be using a commercial premixed solution or if you will be preparing your own sanitizer solution. Approved sanitizers must contain one of the following chemicals at the specified concentrations. Check the sanitizer you will use:

- Contact with a solution of 100 parts per million (ppm) available chlorine for at least 30 seconds.
- Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
- Contact with a solution of 25 ppm available iodine for at least one minute.

For office use only:	
Operational Procedures Reviewed By:	_____
Date Approved:	Permit Number/Type:
_____	_____

MONTEREY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH BUREAU

1270 Natividad Road, Salinas 93906
(831) 755-4508

1200 Aguajito Road Ste 007, Monterey 93940
(831) 647-7654

200 Broadway Ste 70, King City 93930
(831) 386-6899

APPLICATION TO OPERATE A TEMPORARY FOOD FACILITY
CALIFORNIA RETAIL FOOD CODE – ARTICLE 114381.2

Please complete the following form and attach all information requested. This Application Form and fee must be received by the Monterey County Health Department 10 working days prior to the event. Please enclose cash (at office), or a money order or check made out to the "Monterey County Health Department" that has your name, address and phone number professionally printed by a bank. An incomplete application may prevent the issuance of your Health Permit to operate.

A. GENERAL INFORMATION

1. NAME OF EVENT: _____ LOCATION OF EVENT : _____
2. Starting Date & Time: _____ Ending Date & Time: _____
3. Event Coordinator: _____ Phone : _____
4. Name of Food Facility: _____ Permit : _____
5. Owner of Food Facility: _____ Phone : _____
6. Owner's Address: _____
7. On-Site Manager / Operator: _____ Phone : _____

B. TYPE OF FOOD FACILITY (check where applicable)

1. Temporary food booth
2. Food Service Vehicle
3. Mobile Food Preparation Unit
4. Other - Please Explain : _____

C. LIST ALL FOODS AND BEVERAGES TO BE SERVED: Note, all foods and beverages must be prepared / prepackaged at an approved facility, or on site. NO HOME PREPARED FOODS OR BEVERAGES ARE ALLOWED.

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

D. By signing this application, I understand that I am responsible for all aspects as stipulated by the California Retail Food Code (CAL CODE) pertaining to temporary food facilities and/or vehicles (see attachments). Failure to comply with CAL CODE at any time will result in suspension/revocation/refusal of health permit.

Signature of owner/applicant : _____ Date _____

OFFICIAL USE; DO NOT WRITE BELOW THIS LINE.

TO BE COMPLETED BY HEALTH INSPECTOR:

	Yes	No	NA	Health Permit Fees:
1) Booth enclosure and construction is adequate	[]	[]	[]	Amt. \$: _____
2) All operations inside booth except for open air BBQ units	[]	[]	[]	# of Booths : _____
3) Hand/Utensil wash system is adequate	[]	[]	[]	Date Paid : _____
4) Refrigeration/cold storage is adequate	[]	[]	[]	Receipt # : _____
5) Hot food storage is adequate	[]	[]	[]	
6) Food Temp (stem) thermometer is present		[]	[]	[]
7) Other: _____				