Missoula City-County Health Department er Missoula, MT 59802 missoulacounty.us 406

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TEMPORARY FOOD SERVICE REVIEW AND PERMIT APPLICATION

Apı	Name of Owner:	Event Info	Name of Event:	
Applicant Info	DBA:) tre		
	Mailing Address: Phone:		Event Address:	
			Date(s):	
	Email:	_		
	Onsite Person in charge: Phone: Is your organization a non-profit? Yes* No		Hours of Event:	
			Service start time:	
			Name of Event Organizer:	
	* All applicants must complete the review. If you are operating more than 4 days in 12 months, you must pay the review fee and complete the permit application. Non-profits are exempt from permit fees.		Phone:	
Rev	view Fees			
	5 or more business days before the event	\$35.00		
	3-4 business days before the event	\$60.00		
	1-2 business days before the event	\$85.00		
	Day of the event \$10			
Per	mit Fees			
	Single Day event with <u>2 or fewer</u> employees working at any one time			\$65.00

Single Day event with more than 2 employees working at any one time	\$95.00
Multiple Day event at a fixed location (up to 21 consecutive days) with <u>2 or fewer</u> employees	\$75.00
Multiple Day event at a fixed location (up to 21 consecutive days) with more than 2 employees	\$105.00
Recurring event with a fixed menu (up to 45 days) with 2 or fewer employees	\$85.00
Recurring event with a fixed menu (up to 45 days) with more than 2 employees	\$115.00

Missoul	a Public Health
£	City-County Health Department

Amount	Due	 	 _

Permit	#	TFS _	

Z	Menu Item*	Source (FSA, etc.)	Preparation Process
Menu			
and			
Prep			

^{*}Menu's must be simple with limited onsite prep. Use a separate sheet for additional items.

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Every temporary food service must be supported by a licensed and inspected kitchen. You will use your kitchen (depending on menu) for cleaning and sanitizing all utensils, cold and dry food storage, preparation of menu items, washing of produce, potable water source, and an approved waste water disposal area.

A **signed agreement (or email) is required** from the kitchen owner/operator. Letter must include the times you will be using the kitchen, which equipment/areas you will have access to, and what types of food prep/storage you have been approved for.

Your approved kitchen will be: Name of kitchen owner: Phone:

How will food be transported from the kitchen to the event?

Equipment and Utensils

All equipment used in your food service must be durable, cleanable, and used as the manufacturer intended. Utensils and food contact equipment must be washed rinsed and sanitized prior to use.

Will booth be supplied with electricity?

Will you have mechanical refrigeration?

How will foods be kept cold?

How will foods be cooked and/or kept hot?

List all other equipment:

Booth	All food staff must have a way to wash hands at the point of food preparation and service. A restroom is NOT an approved hand washing facility. At a minimum, the station must have: a five gallon minimum container of WARM water from your commissary, a water spigot/spout that allows both hands to be under the running water (i.e. no push button containers), a catch bucket below to catch hand wash water, hand soap in a dispenser, and disposable paper towels.			
	Describe handwashing facility	<i>γ</i> :		
	Restrooms must be continuou	sly available for food workers.		
	Location of restrooms:			
	11	e a sanitizing solution in a bucket with an available wiping cloth. The each) or quaternary ammonia. Operators must have test strips to .		
	Type of sanitizer:			
	(concrete/asphalt OK). Prote	eed to have adequate overhead cover, and cleanable ground cover ective sides are not required as long as food can remain protected which may mean closing during bad weather).		
	Overhead cover:	Flooring/Ground Cover:		
	How will refuse and liquid wa	ste (graywater) be disposed of:		
Staff	# of food employees at booth			
ff	If yes, list name of CFPM	Protection Manager (CFPM)? ☐ Yes ☐ No ☐ N/A		
	*For a TFS that requires a CFP	PM, a CFPM must be on staff within 90 days of permitting (or before		
	your second event if it is long	er than 90 days between first and second event).		
I here	reby certify that the information I h	have supplied above is true and correct.		
Perm	nittee Signature:	Date:		
Healt	th Authority Signature:	Date:		
must	t prepare and serve only the food(e at the specified event for the dates of operation specified above. The TFS (s) listed on the approved menu and must follow all requirements as Additional Comments:		