

### TEMPORARY FOOD FACILITY (TFF) APPLICATION

(Applications submitted less than 10 calendar days prior to the start of event will be subjected to an expedited processing fee)

**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

TFF OPERATOR INFORMATION	EVENT INFORMATION
Name of Facility:	Event Name:
Name of Owner and DBA:	Date(s) of Event:
Mailing Address:	Event Address:
Contact Phone Number and Email:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event
Event Organizer's Name:	Hours of TFF Operation (include time set-up will begin):
On-site (Person-in-Charge) Contact:	Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Food Cart
On-site Contact Cell Phone:	# of Food Employees:

#### FOOD OPERATION

- Pre-packaged food only               Pre-packaged with sampling  
 Food Preparation (All food preparation is to be completed within the food booth or at a permitted food facility)

Type of permit requesting:    Single Event                       Site-Specific Annual Event

#### FOOD BOOTH CONSTRUCTION

**All food booths require overhead protection and a cleanable floor. Food preparation booths must be enclosed.**

Overhead Covering:    Canvas               Wood               Other: \_\_\_\_\_

Floor:                       Asphalt               Concrete               Wood               Other: \_\_\_\_\_

Walls:                     Screens               Canvas               Wood               Other: \_\_\_\_\_

Booth supplied by:    TFF Operator    Event Organizer    Rent from: \_\_\_\_\_

Booth Size: \_\_\_\_\_

#### DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Date Application Received:	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (See reason below)	Reviewer Signature  Date:
Health Fee:	Late Fee:	Total Fees:
Permit Restrictions:		

**LIST ALL FOOD & BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY**

Attach additional pages as necessary

Food Item	Prepackaged (Y or N)	Identify type of preparation at other location**	Identify type of preparation at booth (assembly, portioning, cooking, etc.)

**\*\*For food items that will be prepared at another location complete the below information and attach a copy of the food facility's permit.**

Food Facility Name:	Name of Permit Holder:
Address and City:	Facility Contact Number:

Method of food temperature control during transportation:

**HOT/COLD HOLDING EQUIPMENT**

Identify methods of maintaining food hot (135°F) or cold (41°F)

<b>Cold Holding</b>	<input type="checkbox"/> Mechanical Refrigerator <input type="checkbox"/> Ice Chest <input type="checkbox"/> Cold Table <input type="checkbox"/> Other (Specify): _____
<b>Hot Holding</b>	<input type="checkbox"/> Steam Table <input type="checkbox"/> Chaffing Dishes <input type="checkbox"/> Electric Warmer <input type="checkbox"/> Other (Specify): _____

*I agree to voluntarily destroy any and all potentially hazardous food(s) held at 45°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency. \_\_\_\_\_ Initial*

**EQUIPMENT/UTENSILS**

**Will multi-use kitchen utensils be used inside the booth for preparation?**

Yes (complete Utensil Washing section and Liquid Waste Removal section)     No

**Utensil Washing**

Three-compartment sink within food booth     Shared three-compartment sink provided by Organizer

Sanitizer to be used (test strips must be available to test sanitizer concentration)

Chlorine     Quaternary Ammonia     Iodine

**Identify all equipment that will be used for food preparation at the food booth:**

Barbecue Grill     Range Burner     Deep Fryer     Griddle     Mixer/Blender

Other (Specify): \_\_\_\_\_

**FOOD PROTECTION**

**Identify methods of protecting foods from customer contamination:**

- Sneeze Guards       Hinged Chafing Dishes       Individual Portion Samples
- Other (Specify): \_\_\_\_\_

**HANDWASH FACILITIES**

**Handwashing facilities provided by:**

- Event Organizer
- Food Booth Operator

*Hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks*

**Type of handwashing facility that will be used:**

- Gravity-fed warm water (100°F) with spigot and catch basin  
*Waste water must be properly disposed; may be approved for events that operate for three days or less*
- Self-contained portable unit (with potable water and waste water holding tanks)
- Permanently plumbed with hot and cold water under pressure

**FACILITY REQUIREMENTS**

**Electrical Supply**

Provided by :

- Event Organizer
- Booth Operator
  
- Refrigerator or Freezer available
- Lighting available

**Toilet Facilities for Food Employees**

Provided by :

- Event Organizer
- Booth Operator

**Refuse Removal**

Provided by :

- Event Organizer
  - Booth Operator
- Identify responsible party for waste removal:  
\_\_\_\_\_

**Liquid Waste Removal**

Provided by :

- Event Organizer
  - Booth Operator
- Identify responsible party for liquid waste removal:  
\_\_\_\_\_
- Frequency of liquid waste removal: \_\_\_\_\_ per day

**Temporary Food Facility Operator Acknowledgment**

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.

I acknowledge I have read and understood the Community Event Requirements provided. I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate at the event.

**APPLICATION COMPLETED BY:**

Print Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Applications may be submitted in person, by email [cachavez@cityofpasadena.net](mailto:cachavez@cityofpasadena.net) or faxed (626) 744-6116 attention Carmina Chavez. Payment is due at time of submission. To pay by credit card complete the Credit Card Authorization Form. Checks are not accepted.