



Santa Cruz County Health Services

2150 N. Congress Drive, Suite 204

Phone (520)375-7900 Fax (520)375-7904 Email: hservices@santacruzcountyaz.gov

Application for Temporary Food Establishment

Permit Type and Fees

Application and payment must be received 14 days before the event. Failure to do so will incur a late fee equal to 50% of permit fee

<input type="checkbox"/> Temporary Event Food Service 1 Day Event - \$40	<input type="checkbox"/> Temporary Event Food Service 2-5 Day Event - \$60	<input type="checkbox"/> Temporary Event Food Service 6-14 Day Event - \$75
<input type="checkbox"/> Temporary Food Sampling (2oz. or less) 1 Day Event - \$15	<input type="checkbox"/> Temporary Food Sampling (2oz. or less) 2-5 Day Event - \$20	<input type="checkbox"/> Temporary Food Sampling (2oz. or less) 6-14 Day Event - \$30

Non-profit agencies with a 501c3 or government agency sponsored events are eligible for 50% reduction of fee

Event Date(s)	to	Food Service Begins	Food Service Ends
Month/Day/Year	Month/Day/Year	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

(If the event is on non-consecutive dates and/or times, attach a schedule with application.)

Name of Event	Type of Event
Event Location (Name of Park/Ramada or Area, Church, Facility Address)	Event Location Address

Applying as a:

Please attach your registration documentation from the event coordinator (e.g. fee receipt, acceptance letter).

a. Non-Profit Organization (please provide a copy of 501c3)

b. Government Agency/Public School

c. Individual

Fill out one application for each vendor for each event

Applicants Name (Business, organization, individual or government agency)	Applicants Address	
Applicant Contact Number	Applicant Email	
Name of "Person-in-Charge" for Food Booth	Booth/Tent Name/Assigned Number	Person-in-Charge Telephone
Name of Event Coordinator	Event Coordinator Telephone	

I hereby consent to inspection by the Santa Cruz County Health Department. I acknowledge that receipt and retention of this license depends on compliance with the Food Code. I understand that:

- Food must be prepared on-site at the event or in a kitchen approved by the Health Department;
- Food prepared at home cannot be served to the public (Arizona Food Code Chapter 3-201.11(B));
- Before** I can open at the event, an on-site, preopening inspection will be conducted by the Health Officer to make sure my operation complies with the food code;
- If the Health Officer finds a food code violation, I **cannot open** until all violations have been corrected;
- Menus are **limited** to three (3) Temperature Control for Safety (TCS) Foods; and
- Application fees are non-refundable.

PRINT NAME

SIGNATURE

DATE

Submit a completed application, required documents and payment:

- In person, at Santa Cruz County Health Services, 2nd floor of Santa Cruz County complex, 2150 N. Congress Drive,
- By mail, to Santa Cruz County Health Services, 2150 N. Congress Drive, Suite 209, Nogales, AZ, 85621, or
- By fax, to (520) 375-7904 or email to hservices@santacruzcountyaz.gov and calling (520) 375-7900 with a MasterCard or Visa credit card number to pay for the license fee.

FOR OFFICE USE ONLY

Government issued Identification presented _____
Total Collected: \$ _____ By: _____

Menu

► Any changes to the menu must be submitted to and approved by the Health Department at least **10 days** before the event.

► Each menu is limited to three (3) temperature control for safety foods (TCS) (see list below); violations require closure until corrected.

Main Dishes/Side Dishes	Condiments/Garnishments	Snack Foods	Beverages

NOTE: You will be required to provide proof purchase from an approved source for TCS products to the health inspector.

Temperature Control for Safety Foods (TCS)

Each menu is limited to three (3) temperature control for safety foods listed below

Raw Animal Foods		Dairy Products	Eggs	Cooked Plant Foods	Other
Beef	Pork	Ice Cream	All Types	Cooked Rice	Cut Melons
Chicken	Seafood	Soft Serve Ice Cream		Refried Beans	Raw Seed Sprouts
Fish	Turkey	Yogurt		Corn or Eloté Cocktails	Cut Leafy Greens
Goat	Other fowl	Some Smoothies		Cooked Vegetables	Garlic-in-Oil Mixtures
Lamb	Other Meat				

Preparation of Menu Items

Location of Food Preparation: On-Site at event in Licensed Kitchen

If preparing food in licensed kitchen, provide name and address of kitchen: _____

- The location for foods prepared (wash, cut, refrigeration, cooking) before the event must be at a kitchen approved by the Health Department
- Food cannot be prepared in a private home.

Dates and times of food preparation in the kitchen:

Date	Time
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Please check applicable boxes for each category: All categories must be completed prior to approval

1. Temperature Control Methods

Cooking and/or Re-Heating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Oven <input type="checkbox"/> Propane burner <input type="checkbox"/> Wok <input type="checkbox"/> Other: _____	<input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Steam Table <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Wok <input type="checkbox"/> Other: _____	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Freezers <input type="checkbox"/> Insulated ice chest with ice # of ice chests _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cambros <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Insulated Ice Chests

2. Food Booth Enclosure/Concession Trailer

- Food Truck
- Tent: screening on 4 sides; ground cover, concrete pad, or asphalt; overhead covering; 1 door
- Concession Trailer

3. Ware Washing and Sanitizer

- Sanitizing Pail with 100 ppm Chlorine
- Three-compartment Sink at site
- Other: _____

4. Handwashing Facilities

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Portable commercial hand sink connected to potable water <input type="checkbox"/> Permanent sink in food booth connected to potable water <input type="checkbox"/> Hand sink inside of a concession trailer/mobile food unit | <ul style="list-style-type: none"> <input type="checkbox"/> Gravity flow container temporary hand wash setup <input type="checkbox"/> Commercial portable hand wash system <input type="checkbox"/> Other: _____ |
|---|---|

5. Water Supply

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Public Water-System-Connected to hose bib at event site <input type="checkbox"/> Commercially Packaged Bottled Water <input type="checkbox"/> Water Brought from home Service from: <input type="checkbox"/> Water Company <input type="checkbox"/> Well | <ul style="list-style-type: none"> <input type="checkbox"/> Holding Tank filled at Base of Operation, or Commissary <input type="checkbox"/> Holding Tank filled at approved business; e.g. RV Park <input type="checkbox"/> Other : _____ |
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6. Power Source

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Temporary Electrical Connection <input type="checkbox"/> Portable Generator | <ul style="list-style-type: none"> <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____ |
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