



APPLICATION FOR PERMIT TO OPERATE TEMPORARY FOOD ESTABLISHMENT

PLEASE COMPLETE AND RETURN TO THE ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE LOCATED IN THE COUNTY IN WHICH THE TEMPORARY FOOD ESTABLISHMENT WILL BE OPERATED.

EHFS New Castle County
 Limestone Prof. Ctr., Suite 100
 2055 Limestone Road
 Wilmington, DE 19808
 Phone: 302-995-8650
 Fax: 302-995-8323

EHFS Kent County
 Thomas Collins Building
 540 S. duPont Hwy., Suite 5
 Dover, DE 19901
 Phone: 302-744-1220
 Fax: 302-739-1957

EHFS Sussex County
 Georgetown State Serv. Ctr.
 544 South Bedford Street
 Georgetown, DE 19947
 Phone: 302-856-5496
 Fax: 302-856-5065

Name of Event: _____ Date(s) of Event: _____

Location of Event: _____

Business / Organization Name: _____ Phone #: _____

Contact Person: _____ Day Phone #: _____ Fax #: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person-in-Charge of this Temporary Food Estab at Event: _____

Proposed Menu: _____

Site of Food Preparation (if other than Event location): _____

Source of Foods (including milk, ice): _____

Source of Water: _____

Methods used for cooking food to required temperatures: _____

Methods used for maintaining cold food at 41° F or lower: _____

Methods used for maintaining hot food at 140° F or above: _____

Hand washing Facilities (Describe): _____

Utensil washing Facilities (Describe): _____

In applying for a Temporary Food Establishment permit, I understand that failure to comply with all food safety requirements may result in the suspension of the permit, at which time all food operations must cease, until corrective action is taken and approved.

 Signature and Title of Applicant

 Date

<< FOR OFFICIAL USE ONLY >>

Application Reviewed: _____ Applicant Interviewed: _____ Application Approved by: _____ Date: _____

Approved with Following Revisions: _____

Risk Rating: PHF _____ + ER _____ + OR _____ = _____