



**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  
 Chopin Bldg., Suite 105  
 258 Chapman Rd.  
 Newark, DE 19702  
 Phone: 302-283-7110  
 Fax: 302-283-7111

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 135° 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 \_\_\_\_\_ = \_\_\_\_\_