



**Springfield/Greene County Health Department
Application to Operate a Temporary Food Establishment**

Permit Fee \$ 31.00

*If payment is not received by this office (320 E. Central, Springfield, MO 65802) on the last business day prior to the event, participation in the event will be denied.

Receipt # _____

Directions: The operator of each TFE (Temporary Food Establishment) must complete this application and submit it to the Springfield/Greene County Health Department at least 7 days before the event. The application will only be accepted on the last working day prior to the event. Applications submitted after this day will be denied.

Submission Date: _____

Booth Owner/Operator (applicant):

Name of Temporary Food Establishment:

Name: _____

Address: _____

Name & Date (s) of Event:

Location of Event: _____

Phone #(s) _____

Fax # _____

1. List **all** food and beverage items to be prepared and/or served. Attach a separate sheet if necessary:

2. Will all foods be prepared at the TFE site?

____ YES

____ NO

If NO, the operator MUST provide a copy of the latest inspection report from the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE:

4. Describe how food temperatures will be monitored during the event:

5. Identify the sources for each meat, poultry, seafood, and shellfish item:

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6. Identify the sources for ice used at the event:

7. Describe the number, location and set up of handwashing facilities to be used by the TFE workers:

8. Identify the source of the potable water supply and describe how water will be stored and distributed at the TFE. If a non-public water supply is to be used, results from the most recent water testing must be provided:

9. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage:

10. Describe WHERE and HOW wastewater from handwashing and utensil washing will be collected, stored and disposed:

11. Describe the TFE structure to be used. Please indicate type of floors, walls, ceiling surfaces and lighting. Attach a simple sketch or diagram of TFE if needed.

FLOORS _____

WALLS _____

CEILING SURFACE _____

LIGHTING _____

12. Facility plan for fly and insect control is as follows:

13. Will leftovers be saved for future use?

_____ YES

_____ NO

If yes, how will the leftovers be handled:



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**STATEMENT OF VERIFICATION
Application to Operate a Temporary Food Establishment**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Springfield/Greene County Health Department may nullify final approval.

Name & Date (s) of Event: _____

Name of Temporary Food Establishment: _____

SIGNATURE (s) of APPLICANT: _____

DATE: _____

Approval of these plans and specification by the Springfield/Greene County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

**Please mail application to: Springfield/Greene County Health Department
320 E. Central
Springfield, MO 65802
Attn: Food Section Supervisor**

For questions, please call: 417-864-1424

*****APPLICATION APPROVAL*****

APPROVED: _____ DATE: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

Restrictions/Comments: _____

DISAPPROVED: _____ DATE: _____

Reason(s) for Disapproval: _____

Reviewer Title Date