



**National Park Service**  
**U.S. Department of the Interior**

**Golden Gate National**  
 Recreation Area  
 Building 201, Fort Mason  
 San Francisco, CA 94123

Public Health Officer  
 415-561-4743 phone  
 415-561-4727 fax  
 415-278-1788 cell

## Temporary Food Event (TFE) Program

### FOOD VENDOR APPLICATION - FORT MASON CENTER

This application is to be completed by each food vendor at the event. Note: N/A on form will not be accepted. Each vendor will return a completed application with supporting documentation to the event organizer at least 2 weeks prior to the event. Vendor Checklists, Operating Requirements and program information forms do not need to be returned. If you have questions about the event or permitting process, ask the event organizer.

1. **Name of Event:** \_\_\_\_\_ **Event Organizer:** \_\_\_\_\_  
**Date(s) of event:** \_\_\_\_\_ **Event Organizer Phone:** \_\_\_\_\_  
**Location(s) at Fort Mason Center:** \_\_\_\_\_  
**Daily Start Time:** \_\_\_\_\_ **Daily End Time (no further cooking):** \_\_\_\_\_

2. **TFE Vendor/Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Describe your structure used at the event(tent/truck):** \_\_\_\_\_  
**Name of certified food safety manager staffing event:** \_\_\_\_\_  
**Food Safety Manager Email:** \_\_\_\_\_  
**Will all food be prepared at the event? Y / N** **How will food be served? (Buffet, counter, stations)**  
**Name the main sources of food and ice:** \_\_\_\_\_ (ie. Costco)

3. **Name of establishment used for food preparation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_  
**Is this facility licensed by a city &/or county Department of Public Health? Y / N**  
**Name of certified facility food manager:** \_\_\_\_\_  
**Travel time from off-site preparation to event location:** \_\_\_\_\_

*\*\*\*\*Fort Mason Center may provide potable water access, sites for wastewater and refuse dumping, and toilet access. Consult your event organizer for these details and plan accordingly.\*\*\*\**

4. **Describe your setup including materials that will be used for hand washing at the event:**

5. **Describe your setup including materials that will be used for dish washing at the event:**

6. **Describe your temperature control methods (containers used/target temperatures & temperature checks for example) during transit and during the event for:**

Hot (135F or above)	Cold (41F or below)
Transit	Transit
At Event	At Event

7. Provide a list of menu items and include how they will be prepared. **Limit menu to five potentially hazardous food items** meaning foods that need temperature controls to prevent bacterial growth. For example, non potentially hazardous foods include olive oil, chocolate, bread, and jam or jellies. Potentially hazardous foods include seafood, poultry, dairy, eggs, fresh cut fruit and vegetables.

Menu Item i.e. ( <i>raw chicken</i> )	Off-Site Prep ( <i>yes /no</i> )	Cooking/Preparation Procedures (cut up off site /grill to internal temp of 165F at event)	Holding Temperature Method (steam table/ refrigerator at event)	How Served (Hot/cold)

8. Gather photocopies of the following documentation to submit with this application:

**Moderate and High Risk Foods**

- Copy of health department permit to operate or sellers permit that indicates your operation/business is a licensed food establishment or food service provider. Nonprofit organizations may qualify for an exemption, please inquire.

**High Risk Foods only**

- Copy of current food safety manager training certificate for person in charge at the temporary event (your certified food safety manager must be at event at all times).

9. Review and sign the Vendor Consent section located on Form #201b of the TFE Permit.

---

## TEMPORARY FOOD EVENT VENDOR PERMIT

---

Food Facility Name: \_\_\_\_\_ Event Manager: \_\_\_\_\_  
Event Name: \_\_\_\_\_ TFE Permit # \_\_\_\_\_  
Event Location: \_\_\_\_\_

Approval/Disapproval Date: \_\_\_\_\_ Permit Effective Dates: \_\_\_\_\_

Permit Restrictions/Reason for Disapproval:

---

---

---

---

---

Reviewed by: \_\_\_\_\_  
Public Health Officer day of event phone: 415-278-1788

---

### Vendor Consent

I, \_\_\_\_\_ (applicant of the TFE vendor permit) hereby certify that the submitted information is correct and I fully understand that any deviation from the above without prior permission from GGNRA may nullify final approval. I have read and understand the TFE Vendor Checklist and provided to the event organizer the following documentation for my temporary food operation:

I further certify that all foods served have been under proper temperature holding and handling conditions to ensure safe foods and that all persons handling the food are in good health and trained to safely prepare, store, and serve food to the public.

**High Risk Foods Permits** only- I agree to maintain any areas assigned to me or my organization in a clean, sanitary condition during the permit period. I also agree to have a **certified food safety manager** immediately on hand during all food preparation, handling, and sales during the event **(initials)**. \_\_\_\_\_

At no time will any food product be stored, prepared, washed or otherwise handled at home or other facility not permitted by a city or county Public Health Department.

By acceptance of the permit for the above noted event, I agree to indemnify, hold harmless, and assume the defense of GGNRA from and against any and all claims, demands, and actions for damages resulting from work under this permit, regardless of the negligence of GGNRA. I have read and understood my responsibilities as the vendor **(initials)**. \_\_\_\_\_

If I have any questions regarding these requirements or wish to change my menu during the course of the event, I understand that I must discuss and receive advance approval with the Public Health Officer at (415) 561-4743 in a timely manner. I understand any unsanitary or unsafe conditions or violations of the FDA Food Code can result in the immediate suspension or revocation of my temporary food event permit and that inspection reports are subject to review by outside parties including Fort Mason Center, NPS and event organizers.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

**Form #201b**

**EXPERIENCE YOUR AMERICA**

The National Park Service cares for special places saved by the American people so that all may experience our heritage.