



National Park Service
U.S. Department of the Interior

Golden Gate National
Recreation Area

Building 201, Fort Mason
San Francisco, CA 94123

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

Temporary Food Event (TFE) Program Pilot Program 6/1/12-12/31/12

HIGH RISK VENDOR APPLICATION

This application is to be completed by each Temporary Food Event Facility (TFE). Complete Item #3 below and indicate if the facility is the same as #2. Note: N/A will not be accepted. Each vendor will return a completed application with supporting documentation and fees (application and inspection) to the event organizer. Vendor

Checklists, Operating Requirements and program information forms do not need to be returned.

The event organizer shall collect all vendor applications and corresponding fees and submit them as a single packet and single payment to GGNRA at least 2 weeks prior to the event.

1. Name of Event: _____

Event Organizer: _____

Date(s) of event: _____

Location: _____ # of your 10 x 10 food facilities: _____

Daily Start Time: _____ Daily End Time (no further cooking): _____

2. TFE Vendor/Company Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name of certified food facility manager staffing the event: _____

Will all food be prepared at the event? Y / N Will food be served by buffet or counter? (circle one)

3. Name of restaurant or commissary used for food preparation: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name of certified facility food manager: _____

Travel time from off-site preparation to event location: _____

4. Describe the hand washing facilities at the event including materials and setup:

5. Describe utensil sanitizing methods at the event including materials and setup:

6. Describe your temperature control methods (containers/temperature checks etc) during transit and during the event for:

<u>Hot 135F or above</u>		<u>Cold 41F or below</u>	
Temp & Equipment During transit		Temp & Equipment During transit	
Temp & Equipment At the Event		Temp & Equipment At the 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.

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

8. Describe the wastewater disposal system. Wastewater cannot be dumped on park property

9. **Describe the potable water supply at the event.** If you will provide it on your own, describe how you will haul water. You may not use the water system without park approval.

10. **Indicate the number of toilets and refuse containers at the event.** If you or a private company will provide this service, please provide name of person/company and their contact information. (If on site operations are less than 2 hours, toilets are not required but recommended).

11. **Provide a sketch,** on the next page of this packet, of the temporary food facility. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service area.

12. **Gather photocopies of the following documentation (6 total) to submit with this application:**

- Copy of the valid commercial food license or permit to operate for vendor and food preparation facility
- Copy of current food manager training certificates for persons in charge at both the temporary event and commissary/food preparation facility
- Current or valid public health inspection report for food preparation facility
- Copy of Liability Insurance Certificate with a minimum 1,000,000 general liability coverage that lists National Park Service/GGNRA as Additional Insured

13. **Review and sign** the consent section located on the second to last page of the packet.

14. **Gather approval and signature** on last page of the packet from the owner of the commissary or restaurant used for food preparation for the event.

Sketch Sheet for Diagram of Temporary Food Event Facility

Draw a simple floor plan diagram of the TFE operation and draw/insert the requested items 1-7 listed below:

FACING OUT TO THE FRONT OF THE OPERATION

FACING TO THE REAR OF THE FOOD FACILITY

1. Food Service Counter and/or Display Area (usually the front of the facility)
2. Hot Holding Area
3. Cold Holding Area
4. Hand wash Facility/Station
5. Dish/Utensil Wash Area
6. Storage Area (s)
7. Cooking Area (must be located to the rear – away from the public)

Form #201
Pg. 4

TEMPORARY FOOD EVENT VENDOR PERMIT

Food Facility Name: _____ Manager: _____
Event Name & Location: _____ Permit #: _____
TFE Permit # _____

Approval/Disapproval Date: _____ Permit Effective Dates: _____

Permit Restrictions/Reason for Disapproval:

Reviewed by: _____

LT Tara Carolfi, 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 facility:

- Copy of vendor commercial food license or permit to operate for my mobile facility and food preparation facility
- Copy of current food manager training certificates for persons in charge at both the temporary event and commissary/food preparation facility
- Current or valid public health inspection report for food preparation facility
- Copy of Liability Insurance Certificate with a minimum 1,000,000 general liability coverage that lists National Park Service/GGNRA as Additional Insured

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 service manager** immediately on hand during all food preparation, handling, and sales during the event.

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 that egregious conditions or violations of the FDA Food Code observed in my food facility can result in the immediate suspension or revocation of my temporary food event permit.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Form #201b

EXPERIENCE YOUR AMERICA

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**OFF-SITE Licensed Food Establishment Owner's Agreement
Allowing the use of the off-site facility by the TFE**

Instructions: An Establishment is defined as a fixed location licensed commissary or restaurant. This page must be completed for EACH licensed restaurant or commissary in which food will be PREPARED for the event. This page must be completed and signed by the licensed owner of the food service establishment (s).

As owner of the licensed food establishment: _____, **we hold a current Permit to**
(name of establishment, ex. La Cocina)

Operate from the _____ **Public Health Department .**
(name of city or county)

The operation is a locally inspected food establishment, located at:

Street
Address _____,

City _____, State _____ ZIPCODE _____,

As owner or manager, I hereby authorize:

Insert the name of the TFE operation or the owner of the TFE operation (ex. Tony's Taco Truck)

to use the food establishment listed above on the following date or date range:

(Date range can be up to six months from the date of signing this form)

The above listed establishment will be used for the purpose of preparing, cooking, cooling, hot holding, and/or transporting food for the special event in for which this application is submitted. Furthermore, all food will be prepared in my licensed food establishment under the direct supervision of:

(insert the name of establishment's certified food service manager/supervisor of the restaurant or commissary who will be present to oversee the food preparation)

Signed: _____ **Date:** _____
Owner/Manager:

Print Name of the Establishment Owner as listed on Permit to Operate:

Telephone Number: _____ Cell Number: _____

The owner/manager of the licensed food establishment must attach the following documents:

- A photocopy of a current food establishment inspection report (NOT score card) completed by the local health department/authority – the report must be within the past 12 months and must indicate a passing score.
- A photocopy of a current business license indicating the business is a licensed food establishment.
- A photocopy of a current certification for the food service manager or supervisor who will be responsible for managing the licensed food establishment. (If this is the same person as the event food safety certified manager, a second copy need not be provided here again as it has already been requested.)

Form #201c

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