



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

MODERATE RISK FOOD VENDOR APPLICATION

This application is to be completed by each Moderate Risk Food Vendor serving at the event. 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 to the event organizer or public health officer. 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 to Fort Mason Center at least 3 weeks prior to the event. If you have questions about the event or permitting process, ask your event organizer.

1. Name of Event: _____

Event Organizer: _____

Date(s) of event: _____

Location: _____

Daily Start Time: _____ Daily End Time: _____

2. TFE Vendor/Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of certified food facility manager: _____ Expiration: _____

What foods will you provide at the event? _____

3. Name of food establishment used for food preparation: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of certified food facility manager: _____ Expiration: _____

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

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

5. Describe how food will be prepared and distributed at the event including materials used:

6. Describe your temperature control methods (containers/temperature checks etc if applicable) 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. **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.

8. **Review and sign** the consent section located last page of the packet.

9. **Gather food facility documents and approval from the Public Health Officer.** You must provide the following document from your operation to complete this application:

- **Permit to operate** from the public health department – a document from a health agency that allows food storage, preparation, and/or service at a particular food establishment

TEMPORARY FOOD EVENT VENDOR PERMIT

Food Facility Name: _____ Manager: _____
Event Name & Location: _____ 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 Sample Guidelines and provided to the event organizer the following documentation:

- Copy of the valid permit to operate from my food facility

I agree to maintain my food facility area assigned to me or my organization in a clean, sanitary condition during the temporary food event during the permit period.

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

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Form #201b

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