



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? _____ **How will food be served?** _____
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? No
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. (raw chicken)	Off-Site Prep (yes /no)	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: _____