



National Park Service
U.S. Department of the Interior

Temporary Food Event VENDOR PERMIT APPLICATION

This application is to be completed by each food vendor at the event. Each vendor will return a completed application with supporting documentation to the event. The event organizer shall then give the applications to the Public Health Consultant at least **14 days** prior to the event for approval. All food vendors must follow [NPS Reference Manual - 83A](#) and the most recent version of the [FDA Food Code](#). Please place N/A in the fields below if a question below is not applicable to the food service planned.

1. **Name of Event:** _____ **Event Organizer:** _____

Date(s) of event: _____ **Event Organizer Phone:** _____

Location(s): _____

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

Estimated Number of Attendees: _____

2. **Food Vendor/Company Name:** _____ **Structure** (tent/truck): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Name of Certified Food Protection Manager staffing the event: _____

Will food be cooked on-site (Y/N)? _____ What time will cooking start? _____

How will food be served (eg hot or cold, individual serving on plate, buffet, grab and go containers)?

Will food sampling occur (Y/N)? _____ How will sampling be provided? _____

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 health department (which one)? _____

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

Name of Certified Food Protection Manager: _____

4. Provide a list of menu items listing high risk (temperature controlled) foods first followed by other foods. Explain how and where the foods will be prepared. Attach list and description as a separate sheet to this application.
5. Identify which, if any, menu items contain a major food allergen (e.g., milk, egg, fish, tree nuts, wheat, peanuts, soybeans, or sesame). _____
6. How will you inform customers about the presence of a major food allergen?

7. **Describe your temperature control methods (containers types and temperature checks) during transit and during the event:**

1. Hot Holding (135F or above) _____ During Transit _____ During Event _____	2. Cold Holding (41F or below) _____ During Transit _____ During Event _____
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*Each food provider must set up their own hand washing and dishwashing sinks in the food service area unless supplied by the organizer. Refer to the TFE Checklist on what is required for #6 and #7 in this application. *

8. **Describe in detail your hand washing setup at the event:**

9. **Describe in detail your dish washing setup at the event:**

*NPS or the event organizer may provide potable water access, sites for wastewater and refuse dumping, and toilet access. Consult your event organizer for these details and plan accordingly. *

10. **Describe source of potable water and how water will be stored and distributed at the event. Also, describe the wastewater disposal process.**

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

- ☐ If an outside food provider, copy of **health department permit to operate** that indicates your operation/business is a licensed food establishment or food service provider.
- ☐ **Food Protection Manager certificate** for person in charge at the temporary event (your certified food protection manager must be at event at all times).
- ☐ **Menu** with description of how each food item will be prepared

12. **Review and sign** the Vendor Consent section located on the last page of this application.

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TEMPORARY FOOD EVENT VENDOR PERMIT

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 NPS may nullify final approval. I have read and understand the TFE supporting information and provided the required 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.

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 at least one **Certified Food Safety Manager** immediately on hand during all food preparation, handling, and sales during the event. (initials) _____

I understand glove use is **required** when handling ready-to-eat foods. Latex gloves are **not allowed** per NPS Policy. (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 NPS from and against any and all claims, demands, and actions for damages resulting from work under this permit, regardless of the negligence of NPS. 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 a NPS Public Health Officer 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 NPS and event organizers.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

COMPLETED BY PUBLIC HEALTH CONSULTANT

Reviewed by: _____ Date: _____

Recommendations/Restrictions:

COMPLETED BY PARK REPRESENTATIVE

Park Representative: _____ Date: _____

Approved: _____ Disapproved: _____ Comments: _____

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