



APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Permit Fee \$70.00

ASU Health Services PO Box 872104 Tempe, AZ 85287-2104

Please return this completed application and the \$70.00 permit fee at least **7 days prior** to the date of the event. If the completed application and payment are received less than 7 days prior to the event the fee will be \$105.00. (Money Order or Check Only) Payable to: ASU Health Services
Attention: Veronica Oros PO Box 872104 Tempe, AZ 85287-2104 Phone (480) 965-6853 FAX (480) 965-2269

1. Event _____
2. Location of Event: _____
3. Dates of Event: _____ Time of Event: _____
4. Event Coordinator: Name: _____ Phone: _____
Address, City, State and Zip Code: _____
5. Your Organization/ Business Name: _____
6. Applicant's Name: _____ Phone: _____ Cell: _____ Fax: _____
7. Address: _____ City, State, and Zip _____
8. Email address: _____
9. Person(s) in charge at Food Service Site:

10. Name of Food Establishment for Advance Food Preparation: _____
Address: _____ City, State, and Zip _____
Preparation and/or Pre-Cooking of all food & drinks must take place in an approved permitted Food Establishment
Date: _____ Time Prep Begins: _____ Ends: _____

Please attach a copy of all foods and beverages to be served; items not listed will not be allowed to be served.

11. Describe equipment to be used at the event for:
 - a) Cold Holding: _____
 - b) Hot Holding: _____
 - c) Cooking/Reheating: _____

12. Is Food Transported to the food service site? _____ YES _____ NO
If yes; what is the distance? _____ Transport Time? _____
How is food to be kept Hot or Cold? _____
A food thermometer with a range of 0-200°F is required to monitor temperatures.

13. Identify Water Source: _____
Waste Water Disposal Method: _____ Sewer _____ Holding Tank _____

14. Handwashing Facilities: _____ Plumbed Sink Or: _____ Gravity Flow Set-Up* (See Below)
***Consisting of: 5 gallons of hot water in an insulated container with a spigot, a container for catching the wastewater, handsoap in a pump dispenser, paper towels**

15. Utensil Washing Facilities: _____ 3-Compartment Sink _____ 3-Container Sanitizing Set-Up*
***Hot, Soapy Water Clean, Potable Water Sanitizer Solution – Required**

16. Method of Garbage Disposal _____ Cans Or: _____ Dumpsters

17. Restroom Facilities Available: _____ Chemical Toilets And/Or _____ Public Building

I hereby consent to an inspection by ASU Health Services and acknowledge that issuance and retention of this temporary food service establishment permit is contingent upon satisfactory compliance with state / ASU temporary food service requirements.

Applicant's Signature _____ Date: _____