



# APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Permit Fee \$85.00

Arizona State University Memorial Union - PO Box 870901 Tempe, AZ 85287-0901

Please return this completed application and the \$85.00 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 \$125.00. (Money Order or Check Only) Payable to: "Arizona State University" **Payment to: Attention: Michael Britt - PO Box 870901 Tempe, AZ 85287-0901 - email: michael.britt@asu.edu - phone: (480) 965-6853**

1. Event \_\_\_\_\_
2. Location of Event: \_\_\_\_\_
3. Dates of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_
4. Event Coordinator: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_
5. Your Organization/ Business Name: \_\_\_\_\_ Permit #: \_\_\_\_\_
6. Applicant's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
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 Food Safety and Health, 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: \_\_\_\_\_