



# APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Permit Fee \$70.00

ASU Campus Health Service 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 Campus Health Service  
**Attention: Veronica Oros PO Box 872104 Tempe, AZ 85287-2104 Phone (480) 965-6853 FAX (480) 965-0734**

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 Campus 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: \_\_\_\_\_