APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT (TFE)

**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

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| **TFE OPERATOR INFORMATION** | **EVENT INFORMATION** |
| **Name of Owner and Doing Business As:** | **Event Name:** |
| **Mailing Address:** | **Location:** |
| **City/State/Zip Code:** | **Address:** |
| **Contact Information:** | **City:** |
| **Type of Organization:****€ For Profit € Charitable – Not for Profit** | **Hours of TFE Operation (include time set-up will begin):** |
| **Event Organizer’s Name:** | **Date(s) of Event:****Anticipated Maximum Attendance at Peak Time:\_**  |
| **On-site (Person-in-Charge) Contact:** | **Event Location:**€ Indoor Event € Outdoor Event\*\* Event will occur regardless of the weather conditions:€ Yes € No |
| **On-site Contact Cell Phone:** | **Facility Type:**€ Booth € Mobile Food Establishment€ Permanent Building € Food Cart |

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| **FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.** |
| List Menu Item | Prepackaged | Prepared on site | Prepared at Other Location\*\* |
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| **\*\*For food items that will be prepared at other location provide the following information and obtain required information from approved food establishment:** |
| Retail Food Establishment Name | Name of License Holder |
| Address and City | License # |
| Phone Number of License Holder | Contact # |

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| **TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS** |
| **Booth Construction (Select Applicable)**Overhead Covering € Canvas €Wood €Other: Floor € Asphalt €Concrete €Wood €Other: Walls € Screens €Concrete €Wood €Other: Booth supplied by: € TFE Operator € Event Organizer € Rent from: **Sketch the general layout of the Temporary Food Establishment on page 3 of this application.** |
| **Utensils and Equipment (When Applicable)**€ Single-serve eating and drinking utensils€ Multi-use kitchen utensils Type of Utensil Washing Set Up: € Three basin set-up€ Shared three compartment sink€ Three compartment sink within a food establishment Sanitizer to be used:€ Chlorine € Quaternary Ammonia € Iodine | **Handwashing Facilities (When Applicable)**Provided by : € Event Coordinator € FE Operator Type of handwashing facility:€ Gravity-fed water with spigot/bucket€ Self-contained portable unit (with potable water and waste water holding tanks)€ Plumbed with hot and cold water under pressure***Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.*** |
| **Food Storage or Display Equipment**Identify all holding equipment that will be used: | **Toilet Facilities for Food Employees**Provided by : € Event Coordinator € FE Operator |
| **Cooking Equipment**Identify all cooking equipment that will be used: | **Electrical Supply:**€ Refrigerator or Freezer available€ Lighting available |
| **Food Transportation**Identify how food will be transported to event: | **Refuse Removal**Identify responsible party for waste removal: |
| **Food Employees (When Applicable)**Certified Food Manager available € Yes € No Name: # of food employees:  | **Liquid Waste Removal**Identify responsible party for liquid waste removal:Frequency of liquid waste removal: \_per day |

A temporary food establishment permit will not be issued unless this application meets all local applicable requirements and those found in the Administrative Rules of Montana and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishment.

Applicants Name (Print): Applicants Signature:

**DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY**

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| Application Approved€ Yes €No\* See reason below |  | Reviewer Signature/Title:/ Date:  |

\*Reason(s) for Disapproval:

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities (if not using shared facilities)
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage

**Attachment III**

**Temporary Food Establishment - Expanded Process Flow**

**This form may be required by the regulatory authority(RA) based on the menu identified on the Application to Operate a Temporary Food Establishment, discuss with your RA if this is necessary prior to using this part.**

**List each food item and identify where each preparation step will be completed (TFE or PFE).**

* + **TFE – On-Site Temporary Food Establishment**
	+ **PFE – Permanent Food Establishment**

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| **Food** | **Thaw How? Where?** | **Cut/Wash Assemble Where?** | **Cold Holding How?****Where?** | **Cook** | **Cooling** | **Reheating** | **Hot Holding** |
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