

## **Application for Temporary Food Service Permit**

Alaska Department of Environmental Conservation Division of Environmental Health Food Safety & Sanitation Program



	POSE (check one) Check if this event occurs	☐1 Day Event s multiple times in a		-3 Day Event list dates:	[	4-7 Day Even	t 🔲 8-28 Day Event							
FEE (check one) \$35.00 for 1 Day Event¹ \$65.00 for 2-3 Day Event¹ \$90.00 for 4-7 Day Event¹ \$120.00 for 8-28 Day Event²  Non-Profit/Fee Exempt Attach a copy of the letter from the IRS stating your status as 501(c) (3).3 School Fundraiser/Fee Exempt³  ¹-If the application is submitted fewer than 7 days before the event the fee is doubled. ²-If the application is submitted fewer than 15 days before the event the fee is doubled. ³- Fee Exempt Organizations late fees equivalent to the original fee will be applied to applications that are not received in time periods noted in 1 & 2.  Booth or Organization Name Responsible Person Telephone														
	ng Address		State		<u>Zip</u>									
				City					-ip					
Emai	I Address		Fax											
Name	e of Event and Location		Dates of Event											
<ol> <li>3.</li> <li>4.</li> </ol>	<ol> <li>Will all foods be prepared at the temporary food service booth?</li></ol>													
list all of the steps in preparing each menu item on an attached sheet.  SECTION A - At the booth														
	FOOD	THAW	CUT/ASSEMBLE	COOK	COOL	COLD HO	OLDING	REHEAT	HOT HOLDING					
1.														
2.														
3.														
4. 5.														
SECI	TION B - At the appro		CHT/ACCEMBLE	00014	0001	001.011	OI DINO	DELIEAT	LIOT LIOL DING					
	FOOD	THAW	CUT/ASSEMBLE	COOK	COOL	COLD HO	JLDING	REHEAT	HOT HOLDING					
1. 2.														
3.														
4.														
5.														
5. On the back of this page, <u>draw a sketch</u> of the booth. 6. Source(s) for meat, poultry & seafood: Source of and storage of water:														
7. An event that lasts 4 days or longer the operator is required to either have an Alaska Food Worker Card or be a Certified Food Protection Manager. Does the operator meet this requirement?  Yes No No No Have, please attach a copy of the Food Worker Card or CFPM Certificate														
I certify that I am familiar with 18 AAC 31, the Alaska Food Code, and the above described establishment will be operated and maintained in accordance with the regulations.														
App	Applicant's Signature Date:													
	For Office Use Only  Payment Method:     Credit Card   Cash   Payment Amount:   Date Rec'd:													

Permit #:\_

Comments:

Initials:

Booth/Organization Name:																							
Booth Sketch:																							
A.Draw in the location and identify all equipment including:    handwash facilities   dishwash facilities   cooking equipment   refrigerators   worktables   food/single service utensil storage    B.Describe floor, wall and ceiling surfaces:																							
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Ī	Permit Number Approved By											 	Dat	е		 							