



# Santa Cruz County Health Department

2150 N. Congress Drive, Suite #115 ▪ Nogales, AZ 85621

Phone (520) 375-7900 ▪ Fax (520) 375-7904

## Application for Temporary Food Establishment Permit

- Submit application **14 days** before the event      **Fee: \$75**      • Fill out one application for each event

1. **Event Date(s):** \_\_\_\_\_ to \_\_\_\_\_ **Food Service Begins:** \_\_\_\_\_  AM  PM **Ends** \_\_\_\_\_  AM  PM  
MONTH/DAY/YEAR      MONTH/DAY/YEAR

(If the event is on non-consecutive dates and/or times, attach a schedule with application.)

2. **Name of Event:** \_\_\_\_\_ **Type of Event:**  Festival       Celebration

3. **Event Location:** \_\_\_\_\_  Farmer's Market       Fundraiser

NAME OF PARK /RAMADA OR AREA, CHURCH, FACILITY/ADDRESS

Other \_\_\_\_\_

### 4. Applying as a:

a.  **Non-Profit Organization** –  Charitable  Religious  Civic

*\*If non-profit please include a copy of 501c3*

b.  **Government Agency/Public School**

c.  **Individual** – Attach your registration documentation from the event coordinator (e.g. fee receipt, acceptance letter).

Type of Identification presented \_\_\_\_\_

5. **Applicant's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
NAME OF BUSINESS, ORGANIZATION, INDIVIDUAL or GOVERNMENT AGENCY

6. **Booth/Tent Name and Assigned Number:** \_\_\_\_\_

7. **Applicant's Address:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
ADDRESS

8. **Name of "Person-in Charge" for Food Booth** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
 Must be available weekdays between 8 am and 5 pm, and can give detailed information about the menu, food preparation and how food is served.

9. **Name of Event Coordinator** \_\_\_\_\_ **Telephone (daytime):** \_\_\_\_\_

I hereby consent to inspection by the Santa Cruz County Health Department. I acknowledge that receipt and retention of this license depends on compliance with the Food Code. I understand that:

1. Food must be prepared on-site at the event or in a kitchen approved by the Health Department;
2. Food prepared at home cannot be served to the public (Arizona Food Code Chapter 3-201.11(B));
3. **Before I can open at the event, an on-site, preopening inspection will be conducted by the Health Officer to make sure my operation complies with the food code;**
4. If the Health Officer finds a food code violation, I **cannot open** until all violations have been corrected;
5. Menus are **limited** to three (3) potentially hazardous foods; and
6. Application fees are non-refundable.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### Fees:

**\$75.00 – Event lasting 1-14 days, one event, one location**

Submit a completed application, required documents and payment:

1. In person, at Santa Cruz County Health Department, 2150 N. Congress Drive, Suite #115 Nogales, AZ 85621
2. By mail, to Santa Cruz County Health Department, 2150 N. Congress Drive, Suite #115 Nogales, AZ 85621
3. **Payment types accepted: Money Orders, Cashier's Checks, or cash if paying in person. Please do not send cash by mail.**

**FOR OFFICE USE ONLY**

Total Collected: \$ \_\_\_\_\_ By: \_\_\_\_\_

***Permit will be issued after all Risk Factors are under compliance***

## Menu

- ▶ **Any changes to the menu must be submitted to and approved by the Health Department at least 10 days before the event.**
- ▶ **Each menu is limited to three (3) potentially hazardous foods (PHF) (see list below); violations require closure until corrected.**

Main Dishes/Side Dishes	Condiments/Garnishments	Snack Foods	Beverages

**NOTE:** You may be required to provide proof of purchase from an approved source for PHF products to the health inspector.

### Potentially Hazardous Foods

- ▶ Each menu is **limited to three (3)** potentially hazardous foods listed below ◀

Raw Animal Foods	Dairy Products	Eggs	Cooked Plant Foods	Other
beef chicken fish goat lamb	pork seafood turkey other fowl other meat	ice cream soft serve yogurt some smoothies	all types  cooked rice refried beans corn or eloté cocktails cooked vegetables	cut melons raw seed sprouts garlic-in-oil mixtures

## Preparation of Menu Items

**Location of Food Preparation:**     On-Site at event     in Licensed Kitchen

**If preparing food in a kitchen, name and address of kitchen:** \_\_\_\_\_

- The location for foods prepared (wash, cut, refrigeration, cooking) before the event must be at a kitchen approved by the Health Department.
- Food cannot be prepared in a private home.

**Please check applicable boxes for each category:**

**1. Temperature Control Methods**

Cooking and/or Re-Heating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Oven <input type="checkbox"/> Propane burner <input type="checkbox"/> Wok Other: _____	<input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Steam Table <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Wok Other: _____	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Freezers <input type="checkbox"/> Insulated ice chest with ice No. of ice chests _____ Other: _____	<input type="checkbox"/> Cambros <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Insulated Ice Chests Other: _____

**2. Food Booth Enclosure/Concession Trailer**

**3. Ware Washing and Sanitizing**

<input type="checkbox"/> Food Booth: with screening; overhead covering; floor <input type="checkbox"/> Tent: screening on 4 sides; ground cover, concrete pad, or asphalt; overhead covering; 1 door <input type="checkbox"/> Concession Trailer/Food Truck	<input type="checkbox"/> Sanitizing Pail with 100 ppm Chlorine <input type="checkbox"/> Three-compartment Sink at site Other: _____
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**4. Hand Washing Facilities**

<input type="checkbox"/> Portable commercial hand sink connected to potable water <input type="checkbox"/> Permanent sink in food booth connected to potable water <input type="checkbox"/> Hand sink inside of a concession trailer/mobile food unit	<input type="checkbox"/> Gravity flow container temporary hand wash setup <input type="checkbox"/> Commercial portable hand wash system Other: _____
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**6. Water Supply**

<input type="checkbox"/> Public Water System-Connected to hose bib at event site <input type="checkbox"/> Commercially Packaged Bottled Water <input type="checkbox"/> Water Brought from Home Service from: <input type="checkbox"/> Water Company <input type="checkbox"/> Well	<input type="checkbox"/> Holding Tank filled at Base of Operation, or Commissary <input type="checkbox"/> Holding Tank filled at Approved Business, e.g. RV Park Other: _____
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**6. Power Source**

<input type="checkbox"/> Temporary Electrical Connection <input type="checkbox"/> Portable Generator	<input type="checkbox"/> Propane Other: _____
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