

Gwinnett Environmental Health

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TEMPORARY FOOD SERVICE VENDOR'S APPLICATION

APPLICATION DATE: _____

BOOTH INFORMATION EVENT DATES: BEGINNING DATE: _____ ENDING DATE: BOOTH NAME AND EVENT NAME: (EXAMPLE: BOB'S CHICKEN AT THE GWINNETT COUNTY FAIR) **EVENT ADDRESS:** EVENT COORDINATOR NAME: _____PHONE: _____PHONE: EVENT COORDINATOR EMAIL: TYPE OF FOOD SERVED (LIST ALL SPECIFIC FOODS) WHEN WILL YOU BE READY FOR ON-SITE INSPECTION: DATE: _____TIME: ____ **OWNER INFOMRATION** NAME: ADDRESS: PHONE NUMBER: __ ALT. PHONE NUMBER: EMAIL ADDRESS: ____ PRINT NAME: _____ _____SIGNATURE: _____ APPLICANT'S AFFILIATION WITH OWNER: ______

All fees for temporary food service events must be paid by cash, money order, or credit card if paid less than 30 days prior to the event.

EHS Initial:___

Booth Sketch/Plan:

In the box below, sketch a layout of your booth and identify all equipment, including handwashing facilities, cooking equipment, coolers, ice chests, hot holding areas, worktables, storage areas, sanitizing buckets, etc. Also, include the type of protection from insects (i.e., 16 to 1" mesh screening, air curtains, physical walls, etc). [See the sample sketch].

Wash Rinse Sanitize Air Dry	Sanitizer Hand	Sanitizer	Grill	Meat Ice Chest
RTE ICE Chest And Prep	Food Preparation Area	Hot Holding		
Condiments	*SAMPLE*		[Cash Handling
Public Access				

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