



APPLICATION FOR PERMIT TO OPERATE TEMPORARY FOOD ESTABLISHMENT (TFE)

APPLICATIONS MUST BE SUBMITTED 10 DAYS PRIOR TO THE EVENT

COMPLETE AND RETURN TO ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE LOCATED IN THE COUNTY IN WHICH THE TEMPORARY FOOD ESTABLISHMENT WILL BE LOCATED

<u>New Castle County EHFS</u> Chopin Building, Suite 105 258 Chapman Rd Newark, DE 19702 Phone: 302-283-7110 Fax: 302-283-7111	<u>Kent County EHFS</u> Thomas Collins Building 540 S. DuPont Hwy, Suite 5 Dover, DE 19901 Phone: 302-744-1220 Fax: 302-739-1957	<u>Sussex County EHFS</u> Georgetown State Service Ctr 544 S. Bedford St. Georgetown, DE 19947 Phone: 302-856-5496 Fax: 302-424-7171
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Name of Event: _____ Date(s) Of Event: _____

Location of Event: _____

Business/Organization Name: _____ Phone: _____

Contact Person: _____ Day Phone: _____ Fax: _____

Contact Person Email: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person-in-Charge of this TFE at Event: _____

Proposed Menu: _____

Site of Food Preparation (if other than Event location): _____

Vendor/Supplier of Foods (including milk, ice): _____

Water Supply (circle one): Public System Bottled

Equipment Used for Transporting Foods to Event: _____

Equipment Used for Cooking Food to Required Temperatures: _____

Equipment Used for Maintaining Cold Food at 41° F or Lower: _____

Equipment Used for Maintaining Hot Food at 135° F or Above: _____

Hand Washing Facilities (Circle One): Hand Washing Station Pre-Moistened Towelettes (for non-TCS foods ONLY)

Utensil Washing Facilities (Circle One): 3-Compartment Sink/3 Containers Multiples of Utensil(s)

In applying for a Temporary Food Establishment permit, I understand that failure to comply with all food safety requirements may result in the suspension of the permit, at which time all food operations must cease, until corrective action is taken and approved.

 Signature and Title of Applicant Date

<<FOR OFFICIAL USE ONLY>>	
Application Approved By: _____	Date: _____
Approved with Following Revisions: _____	