Greenlee County Health Department 253 Fifth Street PO Box 936 Clifton, AZ 85533 (928) 865-2601 fax: (928) 865-1929

## **APPLICATION FOR TEMPORARY FOOD SALES PERMIT**

(PLEASE PRINT OR TYPE)

SECTION 1	1
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DATE TODAY:	DURATIO	N OF PERMIT (circle one):	SINGLE EVENT	ANNUAL
NAME OFORGANIZATION/II	NDIVIDUAL:			
ADDRESS:				
ORGANIZATION REPRESEN	TATIVE:			
PHONE NUMBERS: (W)	(H)	(CEL	L)	
EVENT:				
EVENT LOCATION:				
DATE OF OPERATION:		TIMES OF OPERATION	N: FROMUN	TIL
TYPE OF FOOD FACILITY:	BEVERAGE WAGON	BOOTH KITC	HEN	TENT
	OTHER (briefly describe) _			
WATER SERVICE	SE	EWAGE DISPOSAL		
SOLID WASTE DISPOSAL	LI	QUID WASTE DISPOSAL_		
SECTION 2				

## SECTION 2

## LIST ALL FOOD AND BEVERAGE ITEMS

FOOD/BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING; EQUIPMENT USED
Example HOT DOGS	Example SUPERMARKET	Example  JOE'S KITCHEN; OR,  ON-SITE	Example BOILED IN LARGE POT ON GAS STOVE USING TONGS

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**SECTION 2** (continued)

FOOD/BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING; EQUIPMENT USED
Example HOT DOGS	Example SUPERMARKET	Example JOE'S KITCHEN; OR, ON-SITE	Example BOILED IN LARGE POT ON GAS STOVE USING TONGS

## **SECTION 3**

HAND WASHING METHOD	CONDIMENTS & HOW SERVED	LIST ALL UTENSILS, HOW UTENSILS WILL BE CLEANED AND SANITIZED.	TYPE OF REFRIGERATION	LIST ALL COOKING EQUIPMENT
Example	Example	Example	Example	Example
Soap, water, paper	Prepackaged catsup,	Tongs, spatula, ice	Reach-in refrigerator;	Electric grill, deep fat
towels	mustard, salt and sugar.	scoop. Bleach sanitizer	cooler with ice, etc	fryer, hot plate, etc.

PLEASE CALL THIS OFFICE (928-865-2601) PRIOR TO THE EVENT TO VERIFY THE STATUS OF YOUR APPLICATION. PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN YOUR APPLICATION (TIME OF OPERATION, MENU CHANGES, ETC).

	CERTIFICATION	)N
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I have read the attached instructions	Greenlee County Temporary Food Establishment Requiremen	nts), and will comply with the
instruction requirements.		
I understand that failure to comply ma	ay result in a permit not being issued or in a permit suspensior	<i>1</i> .
OPERATOR NAME	OPERATOR SIGNATURE	DATE