	MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH **ENVIRONMENTAL HEALTH DIVISION** **PO BOX 7000, KINGMAN, AZ 86402**	

BULLHEAD CITY	**KINGMAN**	**LAKE HAVASU CITY**
1130 HANCOCK ROAD ZIP 86442 (928) 758-0704	3250 E. KINO AVENUE ZIP 86409 (928) 757-0901	2001 COLLEGE DRIVE, STE. 95 ZIP 86403 (928) 453-0712

APPLICATION FOR TEMPORARY FOOD SERVICE OR COOK-OFF/COOKING CHALLENGE PERMIT

*****PERMIT MAY BE PAID BY CASH, MONEY ORDER, OR CREDIT CARD. NO PERSONAL CHECKS*****

☐ **Temporary Food Service/Retail Service**
☐ Single Event Permit ☐ Annual Permit Variance MCDPH Staff Use: Type #_____

☐ **Cook-off/Cooking Challenge**
Number of Participants _____. Please provide an accurate list. Participants not listed may be asked to leave.

Does the organization have a charitable or non-profit status? ☐ No ☐ Yes, Tax-Exempt No. _____

OPERATOR INFORMATION		
Business Name	DBA/AKA (Name on Booth)	
Name of Owner/Operator	Phone No.	Alternate Phone No.
Driver's License Number:_____ ☐ **ATTACH A LEGIBLE PHOTOCOPY OF US ISSUED PHOTO ID OR THIS APPLICATION WILL NOT BE PROCESSED.** Please note: Arizona State Law requires verification of lawful presence for permit issuance. A U.S. issued photo ID is required. If your ID is from HI, IL, ME, MD, NM, TX, UT or WA, additional identification may be required.		
Mailing Address (number, street, box or route)	E-mail address	
City	State	Zip

EVENT INFORMATION			
Event Name	Event Location		
Start Date	End Date	Hours of Operation	What time will the event be set-up and ready for inspection?
Event Coordinator	Phone No. ( )	Vendor Space #	
Name of Food Handler in Charge at the Booth:			
☐ **ATTACH COPY OF FOOD HANDLER CARD(S) TO THIS APPLICATION OR THIS APPLICATON WILL NOT BE PROCESSED.**			

FACILITY & OPERATIONS INFORMATION
1. List all menu items to be served:
2. Will ALL foods be prepared at the event site? ☐ YES ☐ NO **If not, complete ATTACHMENT A and Commissary Agreement.** If food will be prepared at an establishment outside of Mohave County, the operator must provide a copy of the current license. Home Prepared Foods NOT allowed except as permissible the Arizona Cottage Food Program. Out-of-state home prepared foods will **not** be allowed.
3. Food must be obtained from an approved source. Where will you obtain your food products? **Note: If serving meat products, be prepared to show receipts of purchase.**

For Questions # 4 - 15 check all the boxes that apply.

4. Cold Holding Equipment	5. Hot Holding Equipment	6. Cooking Equipment	7. Water Source
☐ Refrigerators	☐ Grill/BBQ	☐ Grill	☐ Public Water (on site)
☐ Freezers	☐ Steam Table	☐ Microwave	☐ Public Water (hauled)
☐ Ice Chest	☐ Oven/Stove	☐ Oven	☐ Bottled Water
☐ Other_____	☐ Other_____	☐ Propane burner	☐ Other_____
		☐ Other_____	

8. Dishwashing Facilities	9. Water Disposal
☐ Temporary three compartment tubs	☐ Sewer
☐ Permanent three compartment sink	☐ Septic
☐ Other_____	☐ Holding Tank
10. Hand Sink Facilities	11. Sanitizer and Test Strips
☐ Gravity Flow Hand sink	☐ Bleach
☐ Permanent Hand sink	☐ Quaternary Ammonia
12. Food Booth Enclosure	13. Power Source
☐ Overhead Cover	☐ Temporary Electrical Connection
☐ Ground covering	☐ Portable Generator
☐ Screening	☐ Propane
	☐ Other_____
14. Toilet Facilities	15. Thermometer(s)
☐ Flush How many? _____	☐ Calibrated thermometers will be available and used
☐ Portable How many? _____	

16. How will you handle ready to eat foods to prevent bare hand contact?

☐ Single-use Gloves ☐ Tongs ☐ Utensils ☐ Deli tissue ☐ Other_____

D. CONSUMER ADVISORY

List any foods of animal origin that will be served raw or undercooked:

If any raw or undercooked foods of animal origin will be served, you must notify your customers of the risks involved with these foods per the Arizona Food Code by use of a reminder and disclaimer.

PERMIT CONTINGENT UPON APPROVAL OF DEVELOPMENT SERVICES DEPT. FEES ARE NON-REFUNDABLE

REQUIRED SIGNATURE: I/We agree the issuance and revocation of this permit is contingent upon satisfactory compliance with Temporary Food Service requirements of the Arizona Food Code and any requested variance thereof.

Applicant's Signature:_____ Date: _____

For Payment By Credit Card

Name on Credit Card_____

Credit Card Number_____ Exp. Date_____ 3 Digit Security Code_____

Billing address for Credit Card:

_____

Signature of Cardholder:_____ Date:_____

*Note convenience fee will be applied for use of credit card based on total charge

FOR OFFICE USE ONLY

Receipt # _____

Application approved by:_____ Date : _____

☐ Picture ID verified & copy attached by _____ (initial) Amount $ _____ Credit/Cash/Check # _____

This application will be denied if not completed in its entirety and/or the following items are missing:

☐ **Legible copy of US ID** ☐ **Legible copy of a current Food Handler Card** ☐ **Payment**

ATTACHMENT A: FOOD PREPARATION AT ANOTHER LICENSED FOOD ESTABLISHMENT (Use only for food prepared at another location)	
Name of Food Establishment	**Address**
License Number	**Preparation Dates** **From:** **To:**

Food	Explain what food preparation will be done at this facility (e.g. cooked, cooled, or reheated, and to what temperatures?)

NOTE: If food will be prepared at an establishment <u>outside of Mohave County</u>, the operator must provide a copy of the current license.

CURRENT TEMPORARY EVENT FEE SCHEDULE			
1071	TEMPORARY FOOD SERVICE 1-5 CONSECUTIVE DAYS	$108.00	
	<7 days' notice $50.00 additional fee	$65.00	
1072	TEMP. FOOD SERVICE (NON-PROFIT OR TAX EXEMPT) 1-5 CONSECUTIVE DAYS	$54.00	
	<7 days' notice $25.00 additional fee	$35.00	
1073	TEMPORARY RETAIL FOOD	$96.00	
1074	TEMPORARY RETAIL FOOD (NON-PROFIT OR TAX EXEMPT)	$48.00	
1075	COOK OFF UP TO 20 PARTICIPANTS	$108.00	
	EACH ADDITIONAL PARTICIPANT $5.00	$5.00	
	<7 days' notice $50.00 additional fee	$65.00	
1076	COOK OFF UP TO 20 PARTICIPANTS (NON-PROFIT OR TAX EXEMPT)	$54.00	
	EACH ADDITIONAL PARTICIPANT $2.50	$2.50	
	<7 days' notice $25.00 additional fee	$35.00	
1077	SAMPLING PERMIT (non-TCS, prepackaged food items only)	$89.00	
1078	ANNUAL TEMPORARY FOOD SERVICE	$293.00	
1079	ANNUAL TEMPORARY FOOD SERVICE (NON-PROFIT or TAX EXEMPT)	$147.00	

MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

COMMISSARY AGREEMENT

Please complete all applicable fields. Incomplete information will delay approval.

This Agreement expires on the last day of the operator's current license and must be renewed annually.

Commissary will be used in conjunction with a:

☐ Stationary Food Service Establishment (e.g. booth) ☐ Mobile Food Unit (vehicle information must be completed)

OPERATOR INFORMATION		
Business Name	DBA/AKA (Name on Booth/Truck)	
Name of Owner/Operator	Phone No.	Alternate Phone No.
Mailing Address (number, street, box or route)	E-mail address	
City	State	Zip

VEHICLE INFORMATION (if applicable)		
License Plate #	State Decal #	Vehicle VIN #
Year	Make/Model	Color

*This vehicle shall operate out of the commissary indicate below and report to the commissary at least once each operating day for required services.

COMMISSARY INFORMATION		
Business Name	Permit #	
Name of Owner/Operator	Phone No.	
Site Address		
City	State	Zip

COMMISSARY SERVICES

The following services will be used by the operator and are available at the commissary listed above:

☐ Dry Food Storage	☐ Refrigerated Food Storage	☐ Frozen Food Storage	☐ Ice
☐ Food Preparation Area	☐ Warewashing Sink	☐ Potable Water	☐ Liquid/Solid Waste Disposal
☐ Toilet & Handwashing Sink	☐ Vehicle Wash Facility	☐ Electrical Hook-up	☐ Overnight Parking

We, the undersigned, agree as follows:

As the owner or designated agent of the above listed **Operator**, I acknowledge and attest that the commissary services indicated above will be used as required by and as a condition of the operating license with this Department. If the use of this commissary is discontinued, the permit holder must notify this office.

Signature of Operator, owner or agent _____ Printed Name _____ Date _____

As the owner or designated agent of the above listed **Commissary**, I acknowledge and attest that the commissary services indicated above are available for use by the aforementioned operator.

Signature of Commissary, owner or agent _____ Printed Name _____ Date _____

MCDPH Office Use Only

☐ Commissary is a permitted establishment in good standing in Mohave County

☐ Commissary is a permitted establishment in good standing in _____ County, permit # _____.

Signature of Environmental Health Specialist/Sanitarian _____ Date _____