

Application to Operate a Temporary Food Establishment



THIS APPLICATION IS NOT A PERMIT, YOU MAY NOT OFFER TEMPORARY FOOD SERVICE UNTIL A PERMIT OR PERMIT NUMBER IS ISSUED. PERMIT MUST BE POSTED IN THE FOOD BOOTH DURING OPERATION

- A Completed application should be submitted at least one week prior to the event. Applications received less than 7 days prior to the event will be assessed a late fee of 50%.
- Applications received less than 3 days prior to the event may not be accepted.
- Applications cannot be accepted until an approved Event Coordinator Application has been approved.
- Non-legible or incomplete applications will not be approved.
- An inspector may contact you prior to approval for clarification.
- If you have not received your permit to the event, call (907)343-4200.

Operator Information	Event Information
Business Name:	Event Name:
Owner's Name:	Location:
Mailing Address:	Address:
City/State/Zip:	City:
Time of arrival/setup: Time(s) of food service:	Start Dates of the Event End
Email Address:	Facility Location <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Office Phone Number:	If outdoors, what type of surface is the facility constructed on? Asphalt Gravel Grass Dirt Other _____
On-Site food vendor Cell Phone:	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Push Cart <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Building <input type="checkbox"/> Other _____

For Office Use Only:

Permit Category _____	Fee Received: \$ _____	Late Fee: \$ _____	Check#: _____
Received By: _____	Date Received: ___/___/20__	Receipt #: _____	Invoice #: _____
District: _____	Owner ID: _____	FA _____	Acct#: _____
Approved by: _____	Date: ___/___/20__		

PERMIT FEES: May be paid by check mailed to MOA; or by check, cash or credit card at the Health Department
 Temporary Food Establishment – operating one day; the Permit Fee is S35
 Temporary Food Establishment – operating 2 – 4 days consecutively; the Permit Fee is S50
 Temporary Food Establishment – operating 5 – 21 days consecutively; the Permit Fee is S75
 Temporary – Seasonal Permit Fee vary with Risk Type

<p>Utensils and Equipment</p> <p><input type="checkbox"/> Multi Use Utensils</p> <p><input type="checkbox"/> Other: _____</p> <p>Ware Washing Set Up: Three compartment sink Three Portable Basins Other: _____</p> <p>Sanitizer used: <input type="checkbox"/> Chlorine _____ ppm <input type="checkbox"/> Quat _____ ppm</p> <p>*Test Strips for sanitizer required onsite.</p>	<p>Handwashing Facilities</p> <p><input type="checkbox"/> 2 Gallon, Gravity-fed unit with Continuous Flow Spigot bucket</p> <p><input type="checkbox"/> Self-contained portable unit. Potable water circulation system requires coliform testing, submit results with this application.</p> <p><input type="checkbox"/> Plumbed with hot and cold water under pressure</p> <p>Handwashing facilities must provide hand soap, single-use towels, trash receptacles, and waste water buckets. Hand Sanitizer cannot be used in place of handwashing with soap.</p>
<p>Equipment used transport food to the event:</p>	<p>Thermometers Used: <input type="checkbox"/> Small Diameter Digital Stem Thermometer</p> <p><input type="checkbox"/> Bi-Metalic Stem Thermometer <input type="checkbox"/> Other: _____</p>
<p>Toilet Room for Food Employees</p> <p>Provided by: <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Operator</p> <p>Distance of toilet room from the food booth: _____ feet</p>	<p>Electrical Source</p> <p><input type="checkbox"/> Electricity, Utility</p> <p><input type="checkbox"/> Electricity, Generator</p> <p>Ensure that generator does not violate AMC 15.50 Noise Control.</p>
<p>What is the source for water used for food prep, handwashing, and warewashing?</p> <p><input type="checkbox"/> Private Well <input type="checkbox"/> Municipal Water Supply</p> <p><input type="checkbox"/> Other: _____</p>	<p>How and where will the garbage be disposed of:</p>
<p>Person In Charge:</p> <p>Name: _____</p> <p>Certificate Number: _____</p> <p>Date: ___/___/20__</p> <p>Provide a copy of a MOA Food Worker Card or Cert. Food Manager Card for Person in Charge.</p> <p># of volunteers/employees who will be working: _____</p> <p>*A Person in Charge must be on-site at all times.</p>	<p>How and where will liquid waste (gray water, grease, oil will be disposed:</p> <p>*Cannot be dump on the ground or in storm drains.</p>

All food must be stored and prepared on site or in a pre-approved kitchen facility or commissary.
Attach a copy of the Approved Facility/Commissary Letter if any food is to be prepared off-site in advance
Name/Location of Approved Kitchen or Commissary:

SIGNATURE REQUIRED:

A temporary food establishment permit will not be issued unless this application meets all local applicable requirements in Anchorage Municipal Code (AMC) 16.60 and the permit has been signed and approved. The undersigned is aware that non-compliance may result in closure of the temporary food establishment.

*Applicant's Name and Date: _____

*Applicant's Signature: _____

**2013 FDA
Food
Code**



**AMC 16.60
Anchorage
Food Code**



**AMC 15.80
Noise
Emissions
Standards**

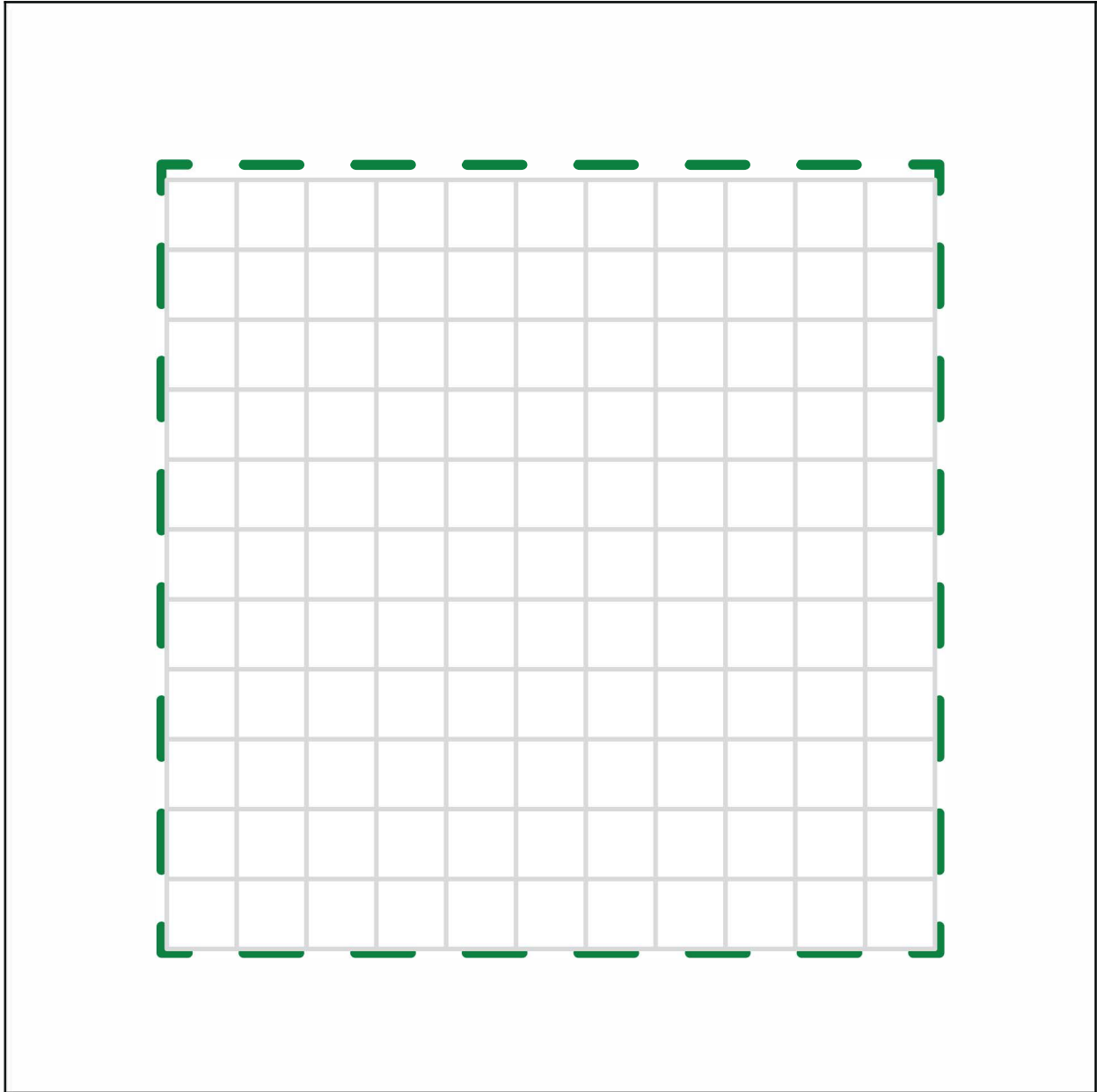


**FAQ
&
Checklist**



Booth Layout

Provide a basic floor plan showing the location of equipment to include: handwashing stations, dishwashing, hot and cold holding, storage of single service utensils, cups, plates, trash cans, and cooking equipment. **Example on the reverse of the this page.** An accurate representation is required, but does not need to be to scale.

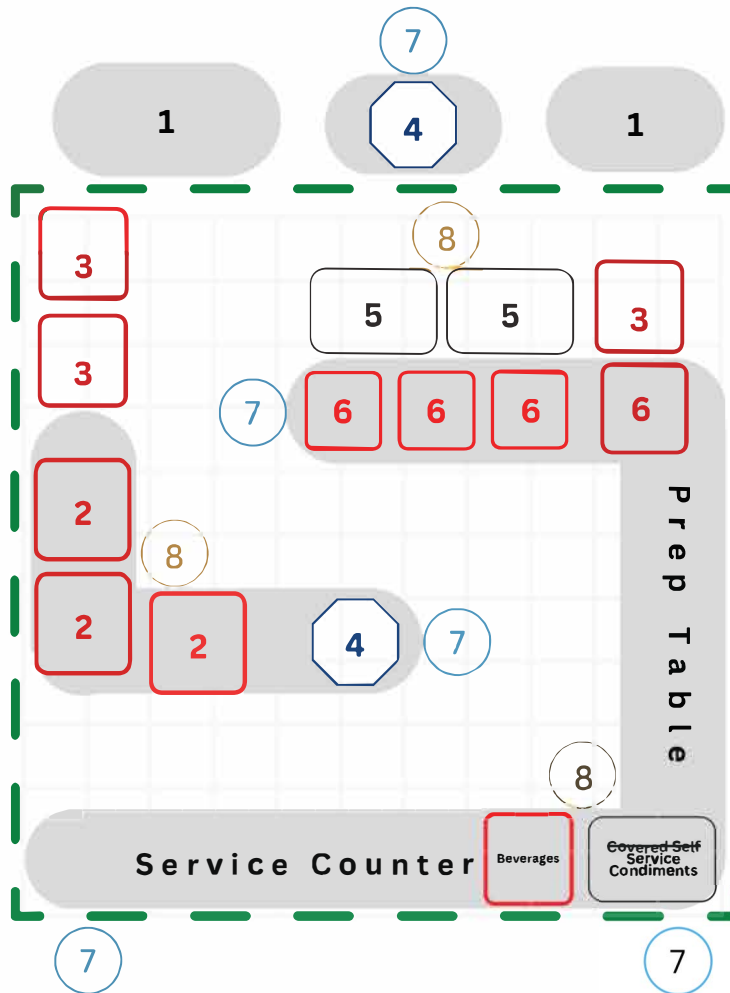


Equipment Key:

- | | | | | | |
|---|---|---|--|---|--------|
| 1 | Cooking Equipment:
Grill, Oven, Fryer, Gas Burners, other | 5 | Single Service Items:
Utensils, Cups, plates, boxes, additional equipment | | |
| 2 | Hot Holding Equipment:
Steam Table, Oven, Gas Burner, Grill, other | 6 | Dishwashing Station:
(Wash, Rinse, Sanitize, Air Dry) | | |
| 3 | Cold Holding Equipment:
Refrigerator, Ice Chest, other | 7 | Trash Can | | |
| 4 | Handwashing stations | 8 | Sanitizer Bucket | 9 | Other: |

----- = covered area

BOOTH LAYOUT EXAMPLE



Equipment Key:

- | | | | |
|---|---|---|--|
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How To Infographics

ILL FOOD-
WORKERS



HANDWASH
STATION



THERMO-
METERS



COOKING
TEMPS



HOLDING
TEMPS



SANITIZER



DISH-
WASHING



- Food safety infographics are available at www.muni.org/foodinfo
- The Anchorage Fire Department can be reached at (907) 267-4900 for questions about the use of electricity, gas, open flame, and generators.



Anchorage Health Department
 Environmental Health Services
 Food Safety & Sanitation Program
 825 "L" Street
 P.O. Box 196650 Anchorage Alaska 99519-6650
muni.org/food
 Ph. 343-4200 FAX 343-4786



Approved Facility/Commissary Application

A commissary is a food establishment where support services are provided to one or more caterers, vending machines, mobile food units, limited food services, kiosk, or temporary food services. If a commissary is used to support a facility or function, it is subject to inspection and regulation under the Anchorage Food Code.

Facility Name: FA _____

Approved Facility /Commissary Name & Address: _____

Foods that will be stored and/or prepared at approved facility or commissary:

Dates and times of food storage and/or preparation:
 (Expect an inspection during these times)

Commissary Owner/Manager
 Name:

Phone # _____

Temporary Event Vendor

Phone # _____

Signature of Commissary
 Owner/Manager:

 I agree to allow food storage and/or preparation at this facility by the applicant. Date:

Signature of Temporary Event Vendor:

 I agree to do all food preparation and storage at this facility or on site.