Temporary Food Establishment Application

VDH VIRGINIA DEPARTMENT OF HEALTH *Protecting You and Your Environment*	A COMPLETED APPLICATION AND ANY APPLICABLE APPLICATION FEE(S) MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE EVENT.	

☐ **$40.00**	**Temporary Food Establishment Application Fee**
☑ **$0.00**	**Temporary Food Establishment application fee for churches, fraternal, school and social organizations, and volunteer fire departments and rescue squads that are exempt under §35.1-25 and §35.1-26 of the *Code of Virginia*.**
☐ **$0.00**	**Applicant with documentation of paying a Temporary Food Establishment Fee in the current calendar year.**
☐ **$0.00**	**Individual resident _____ locality participating in only one (1) temporary event per calendar year which is located in _____.**

Event Information

Event Name: Buzzy Coleman Chili Cook-Off
Event Coordinator/Phone Number/Email Address: Stephanie Reid, 434-299-5080, office@sedaliacenter.org
Event Location Address and Phone Number: 1108 Sedalia School Rd, Big Island, VA 24526
Dates of Event: Oct 25 To Oct 25 Rain Dates: To

Vendor Information

Vendor Business Name (include any trade. fictitious or "doing business as" names): Team Name:
Name of Owner: Team Captain:
Booth Name (if different from vendor name):
Vendor Address:
Vendor Phone Number/Email Address:
Onsite Person Name and Contact Email and Cell Phone: Stephanie Reid, same as above
Set-up Date and Time: October 25th, 6:00 AM
Dates of Operation: October 25th 6:00 AM - 5:00 PM

For Office Use Only	Approved by:
Signature:	**Date:**

Food Preparation and Menu

Only the food items listed below will be approved to serve. Any changes must be approved by the local health department prior to the event. List all foods that will be served. Attach additional pages as needed.

Food Item	Purchased Raw or Cooked? On-site or Off-site prep?	Transported hot or cold? What type of equipment used to transport?	Type of cold holding equipment used at event? (41^0F or below)	Cooking and/or reheating equipment used? Final cook temp?	Hot holding equipment used at event? (135^0F or above)
Sausage	*Raw, On-site*	*Cold/on ice*	*Ice Chest*	*Grill, 175°F*	*Steam Table*

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For food items that will be prepared at a different location than the event location include the name and location of the permitted food establishment.

all food must be prepared on site at the Sedalia Center. Our kitchen may be used prior to permitting of time

Permitted Food Establishment Name: The Sedalia Center	Name of Owner/Operator: Stephanie Reid	
Food Establishment's Physical Address: 1108 Sedalia School Rd, Big Island, VA 24526	Owner/Operator Phone Number: 434-299-5080	
Signature of Permit Holder:	Permit Number:	Date:

Temporary Food Establishment Construction

Overhead Covering	☐ Canvas	☐ Wood	☐ Plastic	☐ Other:
Floor:	☐ Asphalt	☐ Concrete	☐ Wood	☒ Other: grass/covered
Walls(if applicable):	☐ Screens	☐ Concrete	☐ Wood	☐ Other:

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Water Source ☐ Permitted Waterworks/ Municipal Supply ☒ Private Well	**Wastewater Disposal (provided by):** ☒ Event Coordinator ☐ TFE Operator
Food Grade Hose Provided: ☐ Yes ☒ No	Disposal Method: SEPTIC
Utensils and Equipment (check all that apply): ☒ Single-Serve eating and drinking utensils ☒ Multi use kitchen utensils	**Handwashing Facilities(provided by):** ☒ Event Coordinator ☐ TFE Operator
Type of Utensil Washing Setup:	**Type of Handwashing Facilities**
☒ Three basin setup SOME TEAMS USE THIS	☒ Self-contained portable unit(with potable water and wastewater holding tanks)
☐ Shared three compartment sink(if pre-approved)	☐ Plumbed with hot and cold water under pressure
☒ Three compartment sink within a food establishment SEDALIA PROVIDES	☒ Gravity-fed water with spigot/bucket
Utensil sanitizer to be used: ☐ Chlorine ☒ Quaternary Ammonia ☐ Other:____	***Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.***

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Food Storage or Display Equipment: Identify all holding equipment (hot/cold) that will be used:	**Cooking Equipment:** Identify all cooking equipment that will be used:
Toilet Facilities for Food Employees: ☒ Event Coordinator ☐ TFE Operator Method(if not provided by the event):	**Electrical Supply:** ☒ Refrigeration or Freezer available ☒ Lighting available if preparing food at Sedalia in advance of inspection, ie, chopped onions, etc.
Food Transportation: Identify how food will be transported to events:	**Refuse Removal**(provided by): ☒ Event Coordinator ☐ TFE Operator Method(if not provided by the event):

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I understand that a temporary food establishment permit will not be issued until it is verified that the application and information contain herein meets the Board of Health Food Regulations (Food Regulations) under 12 VAC5-421 et seq., any other pertinent local laws or ordinances, and has been signed and approved by the local health department. I attest to the accuracy of the information provided and agree to comply with the Food Regulations as it pertains to the operation of a temporary food establishment. I agree to allow access to the establishment during hours of operation and other reasonable times.

Team Leader

Applicant Name: _____Signature: _____