

APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT (TFE)

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFE OPERATOR INFORMATION	EVENT INFORMATION
Name of Owner and Doing Business As:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Contact Information:	City:
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Hours of TFE Operation (include time set-up will begin):
Event Organizer's Name:	Date(s) of Event: Anticipated Maximum Attendance at Peak Time: _____
On-site (Person-in-Charge) Contact:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-site Contact Cell Phone:	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.			
List Menu Item	Prepackaged	Prepared on site	Prepared at Other Location**

**For food items that will be prepared at other location provide the following information and obtain required information from approved food establishment:	
Retail Food Establishment Name	Name of License Holder
Address and City	License #
Phone Number of License Holder	Contact #

TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS

Booth Construction (Select Applicable)

Overhead Covering Canvas Wood Other: _____
 Floor Asphalt Concrete Wood Other: _____
 Walls Screens Concrete Wood Other: _____
 Booth supplied by: TFE Operator Event Organizer Rent from: _____

Sketch the general layout of the Temporary Food Establishment on page 3 of this application.

<p>Utensils and Equipment (When Applicable)</p> <p><input type="checkbox"/> Single-serve eating and drinking utensils <input type="checkbox"/> Multi-use kitchen utensils Type of Utensil Washing Set Up: <input type="checkbox"/> Three basin set-up <input type="checkbox"/> Shared three compartment sink <input type="checkbox"/> Three compartment sink within a food establishment Sanitizer to be used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Iodine</p>	<p>Handwashing Facilities (When Applicable)</p> <p>Provided by : <input type="checkbox"/> Event Coordinator <input type="checkbox"/> FE Operator Type of handwashing facility: <input type="checkbox"/> Gravity-fed water with spigot/bucket <input type="checkbox"/> Self-contained portable unit (with potable water and waste water holding tanks) <input type="checkbox"/> Plumbed with hot and cold water under pressure <i>Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</i></p>
<p>Food Storage or Display Equipment</p> <p>Identify all holding equipment that will be used:</p>	<p>Toilet Facilities for Food Employees</p> <p>Provided by : <input type="checkbox"/> Event Coordinator <input type="checkbox"/> FE Operator</p>
<p>Cooking Equipment</p> <p>Identify all cooking equipment that will be used:</p>	<p>Electrical Supply:</p> <p><input type="checkbox"/> Refrigerator or Freezer available <input type="checkbox"/> Lighting available</p>
<p>Food Transportation</p> <p>Identify how food will be transported to event:</p>	<p>Refuse Removal</p> <p>Identify responsible party for waste removal:</p>
<p>Food Employees (When Applicable)</p> <p>Certified Food Manager available <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ # of food employees: _____</p>	<p>Liquid Waste Removal</p> <p>Identify responsible party for liquid waste removal: Frequency of liquid waste removal: _____ per day</p>

A temporary food establishment permit will not be issued unless this application meets all local applicable requirements and those found in the Administrative Rules of Montana and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishment.

Applicants Name (Print): _____ Applicants Signature: _____


DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No* See reason below		Reviewer Signature/Title: _____ / _____ Date: _____
--	--	---

*Reason(s) for Disapproval:

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities (if not using shared facilities)
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a temporary food establishment layout. The box is currently blank.

Attachment III

Temporary Food Establishment - Expanded Process Flow

This form may be required by the regulatory authority(RA) based on the menu identified on the Application to Operate a Temporary Food Establishment, discuss with your RA if this is necessary prior to using this part.

List each food item and identify where each preparation step will be completed (TFE or PFE).

- **TFE - On-Site Temporary Food Establishment**
- **PFE - Permanent Food Establishment**

Food	Thaw How? Where?	Cut/Wash Assemble Where?	Cold Holding How? Where?	Cook	Cooling	Reheating	Hot Holding