

Klamath County Public Health

- Single
- Seasonal
- Intermittent

Event Name: _____

Event Coordinator: _____

Event Coordinator's Phone: _____

Temporary Event Restaurant License Application

Submit the proper fee with the completed application prior to the event.

1. **Food Booth Name:** _____

Event Location: _____

Person in Charge of Booth: _____

Phone: _____ Email: _____

Mailing Address: _____

Hours of Operation: _____ Dates: _____

2. **Advance Preparation:** All food must be prepared in a facility approved by Public Health or the Dept. of Agriculture.

No home-prepared foods are allowed

Describe: _____

3. **Food Temperature Control:** How will you provide for proper food temperature control?

Please circle all that apply.

a) Cold-holding devices: refrigerator coolers freezer

b) Hot-holding devices: bain-marie steam table cambro crockpot hot dog broiler

c) Rapid-heating devices: stove oven burner grill microwave

d) How will food be transported: personal vehicle van pickup bicycle

4. **Leftovers:** What will you do with leftover food? _____

5. **Booth Construction:**

Type of Overhead Protection Provided: _____

Type of Floor Provided: _____

6. **Water Source:** _____

All water utilized must be obtained from a public water supply

7. Must Obtain Before Event:

- Food Handler Cards (1 certified worker per shift)
- Probe Thermometer to check food temperatures (Range of 0°-220°F)
- Refrigerator Thermometer in every cooler/refrigerator unit
- Hand-washing Facilities (Must be set up before any food preparation takes place)

Describe: _____

- Test Strips for sanitizing solution (e.g., 1 tsp. bleach per gallon of water)

8. Where/how will utensils and dishes be cleaned:

9. Where will food be stored between events:

- All stored food must be date marked

10. Menu: (List all food items, including toppings)

Food Item	Preparation on-site/off-site	Food Item	Preparation on-site/off-site
e.g., chicken rice soup	X /		/
	/		/
	/		/
	/		/
	/		/
	/		/
	/		/
	/		/
	/		/

Applicant Signature: _____ **Date:** _____

Facility used for (off-site) food prep, storage, and utensil washing:

Facility Name: _____

Address: _____ Phone: _____

Facility Operator Signature: _____ Date: _____

Intermittent Temporary Restaurant Applicants

Only complete this section for intermittent temporary applications

Oversight Organization of the Event(s):

Organization Name: _____

Name of Event(s): _____

Coordinator: _____

Email: _____ Phone: _____

Services provided by the oversight organization (e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

Dates of food service (start date / end date): _____

Days and times of food service (booth) operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End time							

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