

Temporary Food Establishment License Application

Instructions

Application: At least 10 days before the event, submit your application and attachments to the Environmental Health Program by email, mail, fax, or in-person.

\$40 payment (if applicable): At least 10 days before the event, submit check or money order to Environmental Health Program by mail or in-person. Make payable to *Treasurer, Arlington County* and include establishment name in "for/memo" section. You may pay by credit card over the phone.

Other requirements: A health license is required. A fire permit may be required, including for Mobile Units licensed outside of Arlington County. Call the Fire Prevention Office at 703-228-4644 for information.

Applicant Information

Organization/Vendor Name: _____

Point of Contact Name: _____

Phone: _____ Email: _____

Street: _____ City: _____ State: _____ Zip: _____

Select one of the following applicant types:

		Fee
Church; fraternal, school, or social organization; or volunteer fire department or rescue squad that is exempt under §35.1-25 and §35.1-26 of the Code of Virginia	<input type="checkbox"/>	\$0
Applicant with proof of paying a Temporary Food Establishment fee in the current calendar year	<input type="checkbox"/>	\$0
Individual resident of Arlington County participating in ONLY ONE event this calendar year	<input type="checkbox"/>	\$0
Holder of a valid VDH or Arlington County Food Establishment permit (attach a copy of the permit)	<input type="checkbox"/>	\$0
Selling a VDACS inspected product (attach a copy of the last inspection)	<input type="checkbox"/>	\$0
New or returning Temporary Food Establishment	<input type="checkbox"/>	\$40

Event Information

Event Name: _____ Address: _____

Coordinator Name (if known): _____ Coordinator Phone: _____

Date(s) of Participation: _____ Your Setup/Event Time: _____

Certified Food Protection Manager Information

Please attach a copy of the certification

Certified Food Protection Manager Name: _____

Certification Exam Name: _____

Certification Number: _____ Expiration Date: _____

Food Preparation Information

Food must be prepared on-site or in a licensed food establishment

Where will food be prepared? (Select all that apply) On-site Food establishment Mobile unit

Food Establishment Information (If applicable)

Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Do you plan to sell time/temperature control for safety (TCS) foods (e.g., meat, seafood, poultry, eggs, dairy items, and cooked beans/rice/pasta)?

Yes. Length of time needed to transport the food to the event: _____

No

List all food items you plan to serve. If you need more space, attach a separate sheet with your name and contact information.

Food item	Where item is prepared	Cooking method (e.g., fry, grill, propane, microwave, stove, oven)	Method for keeping TCS foods hot (≥ 135 F) or cold (≤ 41 F)

Temporary Setup

Floor Material: Asphalt Concrete Plastic Wood Mobile unit Other: _____

Overhead Protection: Tarp Tent Umbrella Mobile unit Other: _____

Handwashing: Portable wash station Hand sanitizer or chemically treated wipes

Utensils: Three basin setup for washing Adequate number of single-serve utensils

Certification

By signing below, I attest to the accuracy of the information provided. I agree that I will comply with Chapter 9.2 of the Arlington County Code and Temporary Event Food Operation Guidelines. I will allow the regulatory authority access to my temporary event space.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

OFFICE USE ONLY

Receipt #: _____ Admin Name: _____

Posted: _____