

## Temporary Food Establishment License Application

### Instructions

Application: At least 10 business 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 business 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 ( <b>attach a copy of the permit and/or yellow VDH sticker</b> )	<input type="checkbox"/>	\$0
Selling a VDACS inspected product ( <b>attach a copy of the last inspection</b> )	<input type="checkbox"/>	\$0
New or returning Temporary Food Establishment	<input type="checkbox"/>	\$40

### Event Information

Event Name: \_\_\_\_\_ Address: \_\_\_\_\_

Coordinator Name (required): \_\_\_\_\_ 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 ( $\geq 135$ F) or cold ( $\leq 41$ 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: \_\_\_\_\_