

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. *If you are participating in more than one event, you only need to submit one application. Please provide all event names, dates, and any menu changes.*

\$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 (attach a copy of the permit and/or yellow VDH sticker)	<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

If participating in more than one event, please attach a list with event names and 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, contact information, and event names and dates.

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: _____