Taney County Health Department

Public Health
Prevent. Promote. Protect.

Taney County
Health Department
320 Rinehart Road
Branson, MO 65616
www.taneycohealth.org
Tele: 417-334-4544 - Fax: 417-336-9604

Temporary Food Service Operator Application

(Each Food Booth Operator Must Provide the Following Information)

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your temporary food event. A separate Temporary Food Service **OPERATOR APPLICATION MUST BE SUBMITTED TO THE TANEY COUNTY HEALTH DEPT BY EACH FOOD SERVICE VENDOR AT LEAST 10 WORKING DAYS** along with the $50.00 application fee prior to the event. For more information, call 417-334-4544.

1. Event Name: _____
2. Event Location: _____
3. Dates/time of operation: Begin date: _____ Begin time: _____
   End date: _____ End time: _____
4. Your organization/business name: _____
5. Applicants name: _____ E-mail: _____
6. Applicants address: _____
   Street number and name City State Zip
7. Applicants Phone: (Daytime) _____ Evening: _____ Cell: _____
   Fax: _____ E-mail: _____ Other: _____
8. Event Coordinator/Contact name: _____ Phone: _____
9. Number of Certified Food Managers: _____ **Attach copy(ies) of certificate(s)**
10. All food and beverage must be prepared on-site or in an approved kitchen (not a home kitchen or motel room). Provide the name and address of the advance preparation facility and dates and times it will be used. **Attach copy of current Health Permit.**
    Facility name: _____
    Address: _____
    Date and time of advance preparation: _____
11. Indicate the distance and time for transporting food or beverage to the food service site.
    Distance: _____ Time: _____
12. How will food temperatures be maintained during transportation? _____
    _____
13. Structure for temporary kitchen: [ ] Tent with sides [ ]Trailer [ ] Other
    If other, Describe: _____
14. Type floor provided: [ ] Concrete [ ] Asphalt [ ] Wood [ ] Other
    If other, Describe: _____
15. Describe equipment to be used at the event for:
    a.) Cold holding _____
    Will there be a refrigerated food storage truck on site? [ ] Yes [ ] No
    b.) Hot holding _____
    c.) Cooking _____
    d.) Reheating _____
    e.) Grilling/BBQ _____
    f.) Utensil washing _____

g.) Handwashing _____

h.) Sneeze guards _____

16. Water/ice source: [ ] On-site municipal supply [ ] Holding tank [ ] Other
    If other, Describe: _____

Holding tanks should be empty on arrival and sanitized prior to filling with City of Branson water. A water sample for coliforms will be taken 24 hours before event begins.

17. Backflow preventer on water connection provided? [ ] Yes [ ] No
18. How will hot water (110F) be provided for handwashing and utensil washing?_____
    _____
19. Describe liquid waste/grease disposal method: _____
    _____
20. Describe means of garbage disposal: _____
21. Energy supply: [ ] Electricity [ ] Propane [ ] Other If other, describe: _____

Foods Being Served and Methods of Preparation

List All Potentially Hazardous Food Items To Be Served (i.e. meat, fish, shellfish, poultry, eggs, milk & dairy, cut fresh produce)	Advance Preparation? Yes/No	Cooking Procedures Please Check All That Apply						
		Thaw	Prep	Cook	Hold	Cool	Reheat	Other

Explain the thawing method/process to be used at the event:

_____
_____
_____
_____

List remaining Food and Beverages to be served:

_____
_____
_____
_____
_____

WORK SCHEDULES

In order to serve your patrons effectively and safely, your food event must be managed and staffed in an organized manner. As a food vendor/operator you should consider all of the jobs that need to be done – from cleaning before the event, food prep, etc. to garbage pick-up. When these responsibilities are identified, staff should be assigned duties and scheduled to work. This schedule will assist with making assignments and will provide a record of who worked when during the event.

NAME	DATE	ASSIGNMENT	CERTIFIED FOOD MANAGER? YES/NO	TIME IN	TIME OUT

EQUIPMENT LAYOUT

Draw in the location and identify all equipment including handwashing facilities, dishwashing facilities, ranges, refrigerator, hot and cold holding equipment, worktables, food/single service storage, grills, etc. Indicate how you will protect food and utensils from flies, dust, dirt, etc.

22. **Statement From Applicant:** I certify the information in this application is complete and accurate. I understand the TCHD (Taney County Health Department) does not provide verbal approval of plans or for deviation from approved plans, and that any deviation from the plans and procedures in this application without prior written permission from the TCHD may nullify final approval and result in my not being able to operate the day of the event.

Signature: _____ Date: _____

If you require additional space for further explanations, please use the area provided below:

_____

_____

_____

_____

_____

THIS SECTION IS FOR USE BY TANEY COUNTY HEALTH DEPARTMENT STAFF

Approval of these plans and specifications by the Taney County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local rules governing food service establishments.

Plan Approved By: _____ Date: _____

Vendor No.:_____

EPHS Comments:

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