



Temporary Food Establishment Permit Application

Health Resource Department
Environmental Health Services
Post Office Box 147
433 W. Seed Farm Rd
Sacaton, AZ 85147
Office: (520) 562-5100
Fax: (520) 562-5196
EHSHelpDesk@gric.nsn.us

Submit this application at least 14 days prior to the event.

(1) Event Date(s): _____ to _____ Food Service Begins: ____ AM PM Ends ____ AM PM
MONTH/DAY/YEAR MONTH/DAY/YEAR

(2) Name of Event: _____ Type of Event: Celebration Fundraiser
 Athletics Other

(3) Event Location: _____
DISTRICT, PARK, RAMADA, BUIDING, CHURCH, FACILITY

(4) Applying as a:

- Business Individual Tribal Government Agency
 Non-Private Organization Charitable Religious Civic

(5) Applicant's Name: _____ DOB: _____
BUSINESS, ORGANIZATION, INDIVIDUAL or TRIBAL AGENCY

(6) Booth / Tent / Stand Name: _____ Telephone No. _____

(7) Applicant's Address: _____ ADDRESS ZIP CODE

(8) "Person in Charge" for Food Booth: _____ Telephone No. _____

(9) Name of Event Coordinator: _____ Telephone No. _____

I hereby consent to inspection by the Gila River Indian Community, Environmental Health Services. I acknowledge that receipt and retention of this permit depends on compliance with the food code. I understand that:

1. Food must be prepared on-site at the event or in a kitchen approved by EHS;
2. Food prepared at home cannot be served to the public;
3. Dependant upon assessed risk, an on-site pre-opening inspection may be required to assure my operation complies with the food code.
4. Submittal of this application does not guarantee permit approval.
5. EHS reserves the right to deny applications which are not submitted within 14 days of the event.

I attest that the information contained within this application is true and accurate to the best of my knowledge.

PRINT NAME SIGNATURE DATE

FOR EHS ADMINISTRATIVE USE ONLY	
Received By: _____ Approved: _____ _____ <small style="text-align: center;">NOTES</small> Permit No. _____	Date Received: _____ Denied: _____ _____ <small style="text-align: center;">NOTES</small> Expires: _____ <small style="text-align: center;">(14) DAY MAXIMUM</small>

Menu

Any changes to the menu must be submitted to and approved by
Health Resource Department, Environmental Health Services at least **10 days** prior to the event.

Main Dishes / Side Dishes	Condiments /Garnishments	Snack Foods	Beverages

Note: You may be required to provide proof of purchase from an approved source for Potentially Hazardous Food / Time -Temperature Control for Safety Food products.

Preparation of menu items

Location of Food Preparation: On-Site at event in Licensed Kitchen in Unlicensed Kitchen

If preparing food in a kitchen, name and address of kitchen: _____

- The location for foods prepared (wash, cut, refrigeration, cooking) before the event must be at a kitchen approved by EHS.
- Unlicensed kitchens must meet basic sanitary conditions and require an inspection and approval **at least 10 days** prior to the event.
- Food **can not** be stored, prepared, or cooked in a private home.

Dates and times of food preparation in the kitchen:

Date	Time	Date	Time

Please check applicable boxes for each category

1. Temperature Control Methods

Cooking and/or re-heating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Oven <input type="checkbox"/> Propane Burner <input type="checkbox"/> Wok <input type="checkbox"/> Other	<input type="checkbox"/> Grill / BBQ <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Steam Table <input type="checkbox"/> Stove / Oven <input type="checkbox"/> Wok <input type="checkbox"/> Other	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Freezers <input type="checkbox"/> Insulated Ice Chest w/ Ice No. of Ice Chests _____ <input type="checkbox"/> Other	<input type="checkbox"/> Hold Holding Warmer <input type="checkbox"/> Cambros <input type="checkbox"/> Insulated Ice Chests <input type="checkbox"/> Other

2. Food Booth Enclosure / Concession Trailer

<input type="checkbox"/> Food Booth: Screening on 3 sides, overhead covering, flooring, door <input type="checkbox"/> Tent: Screening on 3 sides, ground cover, flooring, overhead covering, door <input type="checkbox"/> Concessions Trailer
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3. Ware Washing

<input type="checkbox"/> Sanitizing pail with 50 PPM Chlorine <input type="checkbox"/> Three-compartment Sink at site <input type="checkbox"/> Other
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4. Hand-washing Facilities

<input type="checkbox"/> Portable commercial hand sink connect to potable water <input type="checkbox"/> Permanent sink in food booth connected to potable water <input type="checkbox"/> Hand sink inside of a concession trailer/mobile food unit	<input type="checkbox"/> Gravity flow container temporary hand wash set up <input type="checkbox"/> Commercial portable hand wash system <input type="checkbox"/> Other: _____
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5. Water Supply

<input type="checkbox"/> Public water system connected to hose bib at event site <input type="checkbox"/> Commercially packaged bottled water <input type="checkbox"/> Water brought from home <input type="checkbox"/> Water company <input type="checkbox"/> Well	<input type="checkbox"/> Holding tank filled at base of operation or commissary <input type="checkbox"/> Holding tank filled at approved business, e.g. RV Park <input type="checkbox"/> Other: _____
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6. Power Source

<input type="checkbox"/> Temporary electrical connection <input type="checkbox"/> Portable generator	<input type="checkbox"/> Propane <input type="checkbox"/> Other
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