Montgomery County Office of Public Health

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

APPLICATION FOR TEMPORARY FOOD SERVICE LICENSE

In compliance with Montgomery County Public Health Code, Chapter IV FOOD PROTECTION, I hereby make application for a Temporary Food Service Establishment License. This application must be submitted to the Office of Public Health (OPH) at least **ten working days** prior to the first day of the event so that paperwork can be processed. A temporary food facility that operates no more than 3 calendar days within a calendar year is **exempt** from submitting an application but not from following the "Temporary Food Facility Guidelines". Please refer to our fee schedule at www.montcopa.org/healthfeeschedule. If you are a non-profit charitable operation please refer to the non-profit charitable fee. Send check or money order with the completed application to the above applicable address. Make check or money order payable to **Treasurer of Montgomery County**.

NAME OF EVENT:	NAME OF TEMPORARY FOOD FACILITY:
EVENT SPONSOR:	TEMPORARY FOOD FACILTIY OWNER:
LOCATION/ADDRESS OF EVENT:	TEMPORARY FOOD FACILITY ADDRESS:
TOWNSHIP/BOROUGH OF EVENT:	TEMPORARY FOOD FACILITY CONTACT NAME AND NUMBER:
EVENT SPONSOR CONTACT NAME AND NUMBER:	TEMPORARY FOOD FACILITY E-MAIL:
EVENT SPONSOR E-MAIL:	DATES AND TIMES OF FOOD FACILITY OPERATION:
DATES AND TIMES OF EVENT OPERATION:	EVENT RAIN DATE:

I, _____, hereby certify that the facts set forth on this application are true and correct to the best of my knowledge.

_____ _____

Signature of Proprietor Date

MENU

List the Food/Drink Items that you will be serving below

Food/Drink Item	Serving Size	Total # of Servings	Delivered to Event Frozen, Cold or Hot

Indicate the method(s) of protecting the food/drink items from contamination at the event site: Note that overhead protection must be provided, usually in the form of a canopy, umbrella, tarp, or enclosure, for your entire food-service operation.

Type of Protection Needed	Equipment or Method
Overhead	
Food/Drink Items Off the Ground	
Food Displayed, Wrapped, Covered or Protected by a Sneeze-Guard	
Food/Drink Items Not Accessible to Customers	

Describe facility's hand-washing set-up _____

Indicate the number, size, and location of the refuse/trash containers you will be providing:

_____

Indicate the location for the preparation of the food/drink items:

Preparation Location	Food/Drink Items
☐ On Site – Raw ingredients mixed, assembled, or cooked at event site.	
☐ At Establishment	
☐ Purchased already commercially prepared requiring further handling.	
☐ Prepackaged	

Indicate the method(s) for maintaining proper food/drink item temperatures during storage, transport, preparation, and display. Food/drink items that spoil easily must be held at temperatures below 41 degrees Fahrenheit (41°F), or above 135 degrees Fahrenheit (135°F) at all times.

Refrigeration equipment includes mechanical refrigerators, and insulated containers such as ice chests/coolers. Cold sources include electricity, dry ice, ice packs, and drained wet ice. Drained wet ice means that the container will continuously drain the water that accumulates from the melting ice to a water storage container.

Heating equipment includes grills, ovens, stoves, and units to keep hot food hot such as chafing dishes. Heat sources—fuel—include charcoal, gas (propane), sterno, and electricity

Food/Drink Items	Refrigeration/ Heating Equipment Type	Cold or Heat Source – Fuel	Equipment Size	# of Units

Indicate the method(s) of customer protection from the cooking/heating equipment through proper location of equipment, or through barriers:

_____

_____

Indicate the use of any leftover food after the event:

_____

_____

Provide a sketch/diagram of your booth/setup showing the location of all equipment, food and drink items, and hand-washing setup.

Temporary Food Facility Application

FOR OFFICIAL USE ONLY:

Date Received by OPH:_____

Date Received by WQM:_____

Date of Approval:_____ Approved by:_____

PART I: EVENT INFORMATION

NAME OF EVENT:_____

ADDRESS OF EVENT:_____

TOWNSHIP OR BOROUGH OF EVENT:_____

DATE(S) OF EVENT (INCLUDING RAINDATE):_____

HOURS OF OPERATION: _____

CONTACT NAME: _____

CONTACT ADDRESS: _____

CONTACT PHONE NUMBER: _____

PART II: WATER AND WASTEWATER INFORMATION

1. Estimate the number of visitors to this event. _____
2. What type of water supply will service this event (public water supply or an individual water supply well)?_____
    a. Who is the public water supplier, if applicable?_____
    b. If your event is served by an individual water supply well:
        i. Where is the well located?_____
        ii. Was the well tested prior to the event (please include a copy of the water results)_____
        iii. Who is responsible for the private on-site well? _____

***Please be advised that all water supply connections must use disinfected NSF approved food grade hoses/piping**

3. What type of sewage facilities will service this event (public sewer, on-lot septic system, portable facilities)?_____
    a. Who is the public sewer authority, if applicable?_____
    b. Who is responsible for the on-lot septic system and when was the last time it was pumped (please include a copy of the pumping receipt)?_____
    c. If portable facilities, who is the pumping contractor (please include a copy of your pumping contract) and how many are planned for use?_____
    d. If existing restroom facilities, how many restrooms will service this event and what are their locations?

        _____
4. Please submit a plan/layout of event including the above information.

I, _____, hereby certify that the facts set forth on this application are true and correct to the best of my knowledge.

_____ _____

Signature of Proprietor **Date**