



281 Sawyer Drive, PO Box 140
Durango, Colorado 81302

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Directions:

The operator of **each** TFE (temporary food establishment) site must complete this application. The application must be completed and submitted to San Juan Basin Health Department at least 30 days prior to an event.

Date of submission: _____.

Name of Temporary Food Establishment: _____.

Name of operator/owner: _____.

Mailing Address: _____.

Telephone number: _____ cell _____.

Name of event: _____.

Date(s) and Time(s) of Event: _____.

Date and Time TFE will be set up and ready for inspection: _____.

1. List **ALL** food and beverage items to be prepared and served. Attach a separate sheet if necessary. Any changes to the menu must be submitted and approved by San Juan Basin Health Department at least **10 days** prior to the event.

_____.

2. Will all foods be prepared at the TFE site?
 - a. **Yes**>> complete Attachment A.
 - b. **NO**>> complete Attachment A & B

If no, the operator **MUST** provide a copy of the current license for the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold and hot foods will be transported to the TFE. _____

- a. How will food temperatures be monitored during the event? _____

4. Identify the sources for each meat, poultry, seafood and shellfish item. Include the source of the ice: _____

5. Describe the number, location and set up of hand washing facilities to be used by the TFE workers: _____

6. Identify the source of the potable water supply and describe how water will be stored and distributed at the TFE. If a non-public water supply is to be used, provide the results of the most recent water tests. _____

7. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage. _____

8. Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed: _____

9. If portable toilets are to be used, identify the frequency of waste removal: _____

10. Describe the number, location and types of garbage disposal containers at the TFE as well as at the event site: _____

11. Describe the floors, walls and ceiling surfaces and lighting with the TFE _____

12. Describe how electricity will be provided to the TFE: _____

13. Please add any additional information about your TFE that should be considered:

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from San Juan Basin Health Department may nullify final approval.

Signature (s)

Date: _____

Approval of these plans and specifications by San Juan Basin Health Department does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the TFE with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

San Juan Basin Health Department

APPROVAL _____ Date _____

Permit restrictions: _____

Permit effective dates:

DISAPPROVAL; _____ Date _____

Reasons for disapproval:

Reviewer Signature _____ Date _____