

Single Event Temporary Restaurant Application

Coos County Environmental Health 281 LaClair St * Coos Bay OR 97420 541-266-6720 Office Use Only: Date Received:_____ For Profit Fee charged: \$_____ Receipt: #_____ License Approved/ NOT By EHS_____

This application is available on our website at: <u>https://cooshealthandwellness.org/public-health/environmental-health/food-safety-and-licensing/</u>

Applicant Information:

1. Name of Applicant (Organization or Individual):							
Name	Phone #						
2. Contact Person @ serving site:							
Name	ePhone#						
3. Contact Person's email address:							
4. Mailing Address:	City:	State:	Zip:				
5. Person(s) in Charge (PIC) w/ Food Handler Card							
6. Preventing the #1 Cause of Food Borne Illness Applicant agrees to screen staff for illness symptoms occurring within 48 hours of food event. (i.e. Fever & Sore Throat, Diarrhea, Vomiting, Exposed Lesions) Initial							

Food Event Information:

7. Event Name &	Vicinity:			
(name of festival/fund raiser)	(name of community)			
8. Serving Site (i.e. address,	block #, building name)			
9. Is this a plumbed con	cession? Y/N			
10. Who has authorized	vou to use this			
	Ū.			
Event Organizer	O ther			
11. Name of Authorizer:	Phone #			
n. Name of Authorizer:				

13. Serving Site Info & Schedule:

Will water for use in the food booth be hauled in or is it plumbed in? **Hauled In Plumbed In**

Yes/No: Are you using water from a city water system? IF "yes", from what city? _

If "no," name your intended source of water ______ NOTE: Non-municipal water is subject to health department approval and also must be tested to be safe within 90 days in advance of the food event.

Date(s) of Use:	Time that Site Prep starts:	Start Time of Food Service	End Time of Food Service:	Other Prep Sites: Explain where and when any food work will occur, other than at the serving site. HOME PREPARED FOODS ARE NOT ALLOWED <i>except for a benevolent organization's baked goods.</i>
	am / pm	am / pm	am / pm	
	am / pm	am / pm	am / pm	
	am / pm	am / pm	am / pm	
	am / pm	am / pm	am / pm	
	am / pm	am / pm	am / pm	

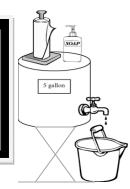
14. Provide a SKETCH of the food booth, kitchen or concession & label any of the following that are included:

*Where Each Food Item Will Be Stored (hot & cold or dry)

- *Where Each Food Item Will Be Prepared &/or Cooked
- *Where Food is Ordered and Where it's Delivered to Patrons
- *Wash-Rinse-Sanitize System

*Hand Wash Station(s) -

*Barriers Excluding Non-Food Workers



15. Food Flow Matrix: Check all categories that apply:

List all food that will be part of the menu and check the columns describing any step you'll use to process the food. (Add a page if needed).

List	Food Source	Food Preparation Steps – Check all that apply								
Foods:	(Grocery Store)	Thaw	Mix/Cut	Cook	Hot- Hold	Cold- Hold	Cool	Re-Heat	Transport	Leftovers
Example:	Example:			Example	Example					Example
Mash potatoes	Safeway			\checkmark	V					Discard
		<u> </u>								
L			I	I	I				1	

16. Agreement to Comply:

I have read the Temporary Restaurant Operation Guide and <u>possess needed</u> equipment as listed on page 15 of the Guide. I agree to comply with Oregon's Food Sanitation Rule (a violation of which is a Class C misdemeanor carrying a maximum \$1,250 fine) and will accept regulatory direction to assure the safety of food.

Signature of Applicant:

Date:

Please Note: Submit your completed temporary restaurant application and fee far in advance of the event. Doing so helps a license to be issued in a timely way. A vendor doing food work without the license is subject to a 50% penalty in addition to the license fee. Submissions by a 'for profit' group made ≥ 10 days in advance allows for a fee reduction. **Inspectors can only collect secured payment in the field.** They cannot collect cash. Submitting paperwork early benefits "you."

You can see Temporary Restaurant Operation Guide, The food handler training guide and the Food Safety Laws by visiting:

https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/FOODSAFETY/Pages/regs.aspx

Fee Schedule:

For Profit:

Please call 541-266-6720 for current fee schedule. There is a discount if application is received or postdated 10 days or more prior to the event.

*(If the event is on October 10th, to receive the discount the application must be received or postdated not later than September 30th)

License Fees are **non-refundable** and licenses are **not transferable**.

Please make checks payable to: Coos Health & Wellness

*** Fees Subject to change ***

****** If you are a licensed Mobile Unit in the State of Oregon, you must submit a copy of your Mobile Unit Health License along with this application. If you are inspected at the event, be prepared to pay by check (pay to the order of CHW) an inspection fee of \$25.00.