



**County Board of Health  
Environmental Health Services  
10 Park Place South, SE, 4<sup>th</sup> Floor  
Atlanta, Georgia 30303  
Telephone: (404) 613-1303 Fax: (404) 612-2280**

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**TEMPORARY FOOD SERVICE ESTABLISHMENT VENDOR APPLICATION**

\*The Temporary Food Service Establishment Vendor Application must be completed by the food vendor providing food at the temporary event. This application must be submitted to the Temporary Food Service Establishment Organizer for submittal to the Fulton County Environmental Health Office.\*

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ Daily Hours of Operation: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

**Street # and Name                      Suite                      City                      State                      Zip Code**

Booth Name: \_\_\_\_\_

Booth Operator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail of Booth Operator: \_\_\_\_\_

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**Structure Type**

Tent       Mobile Unit \_\_\_\_\_       Other (Specify) \_\_\_\_\_  
*(FS permit number)*

**TENT SET UP/ TABLE SET UP**

**\* Tent/table set up must restrict access from the public and be protected food from contamination on all sides. All materials used in the tent must be smooth, sealed, and easily cleaned.\***

3 sided covered/ screened tent (\_\_\_\_) x (\_\_\_\_) with front barriers and downward facing fans.

**PROTECTION:**

1. How will food preparation areas be protected from the public?

Distance (8 Feet)       Barrier: \_\_\_\_\_

2. What method will be used as a barrier to flying insects at the service window areas?

Screens (16 Mesh)       Air Curtain       Other: \_\_\_\_\_       Fan

3. Flooring in food service/storage areas. (check all that apply)

Non-absorbent floor mats     Tarps     Other: \_\_\_\_\_

**MENU ITEMS**

\*\* All food prepared in advance must be prepared in a permitted Food Service Establishment (FSE). Food prepared in home kitchens, manipulated, and/or cooked in an unpermitted food service facilities is strictly **PROHIBITED.**\*

List all food items served (*Attach menu to the application*)

<u>Menu Items</u>	<u>Advanced Preparation</u>	<u>Prepared at the Event</u>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

1. All food and food supplies must be from an approved source. (List the foods /supply source).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* If the vendor has a permitted food service facility in the State of Georgia, the vendor must submit in writing the Food Establishment Name, Address, Permit number, Permitting County, Contact Information, and copy of the last inspection report.\*\*(*If the FSE is located in a different state the vendor must contact the Fulton County Board of Health Environmental Health Services immediately.*)

**LIQUOR**

1. Will Liquor be sold or distributed?

Yes     No

If **Yes** have you obtained a liquor License from your local municipality?

Yes     No

**FOOD HANDLING**

1. How will you prevent bare hand contact with ready to eat foods (check all that apply)?

Single-use Disposable Gloves     Deli Wax Paper     Tongs     Spoons  
 Scoops     Other \_\_\_\_\_

**WATER SOURCE:**

- Public water supplied by organizer (Bottled)
- Water from a Fulton County approved Food Service Facility
- Water from a food grade hose (Required)

**ICE SOURCE: (Ice from an individual’s residence or an unapproved / unpermitted food service establishment is prohibited.).**

- Commercial bagged ice
- Ice from a Fulton County Food Service Facility

**EQUIPMENT** (Circle all that apply)

<b><u>Cold Holding</u></b> 41° F (5° C) or below	<b><u>Hot Holding</u></b> 135° F (57 ° C) and higher	<b><u>Utensil Washing</u></b>	<b><u>Hand Washing Set-up</u></b>	<b><u>Cooking/Reheating</u></b>
Refrigerated Truck	Chafing Dishes	3-Utility Sinks	Mechanical Sink	Microwave
Commercial Refrigerator	Electric Hot Box	3-Basins/ Bust Tubs	Cooler with turn spout	Grill
Freezer	Grill	3-Compartment sink	Gravity flow (portable hand washing station)	Fryer
Other_____	Other:_____	Other:_____	Other_____	Other_____

**FOOD TRANSPORTATION**

- How will food temperatures be maintained during transportation to the event?

*Check the box that best describes your equipment.*

<b>Cold Holding:</b>	<b>Hot Holding:</b>
<input type="checkbox"/> Refrigerated Truck	<input type="checkbox"/> Steam Table
<input type="checkbox"/> Ice Cooler	<input type="checkbox"/> Electric Hot Box
<input type="checkbox"/> Commercial Refrigerator	<input type="checkbox"/> Chafing Dish
<input type="checkbox"/> Frozen Containers	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

- Indicate time and distance to travel with food product: \_\_\_\_\_  
Time Miles

**UTENSILS and DRY FOOD STORAGE** (Dry storage goods/single service items)

1. Will single use cups, lids, and eating utensils be individually wrapped?

Yes                       No, How will the food-contact surface remain protected during the event?

2. Will overflow food items be stored in a designated area away from your tent? If so, please provide written details on **where** and **how** any food items pertaining to this event will be stored.

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**ADDITIONAL INFORMATION**

**LIGHTING: (Lighting in food Service/Storage Areas)**

Shielded bulbs                       Shatterproof bulbs

**TRASH CONTAINERS (Check all that apply)**

Outside of Tent                       Inside of Tent

**WASTE WATER DISPOSAL**

Grey water bin                       Other\_\_\_\_\_

**FOOD STORAGE CONTAINERS: (Materials should be smooth, sealed, and easily cleaned)**

Plastic Food Grade                       Other\_\_\_\_\_

**HAIR NETS/ BEARD GUARDS: (Required for hair/beards greater than ½ inch)**

Caps                       Hair Net                       Beard Guard                       Other:\_\_\_\_\_

**HOT WATER SOURCE (How will hot water be provided?)**

1. \_\_\_\_\_

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**TENT SET-UP LAYOUT**

***(PROVIDE A DETAILED DRAWING OF ALL EQUIPMENT, TABLES AND STORAGE INSIDE OF THE TENT)***



**Statement: I hereby certify that the above information is complete and accurate.**

**I fully understand that:**

- The application must be submitted to the Fulton County Board of Health, Environmental Health Services at least thirty (30) **business days prior to the event. Fees may be doubled if submitted after 30 days prior to the event.**
- Any deviation from this application without prior written permission from the Fulton County Board of Health will nullify final approval and prevent issuance of a temporary food establishment permit(s) to food vendors.
- A set time for the pre-opening inspection (with operable hand washing stations and equipment in place) at each temporary food vendor booth will be required before a permit can be issued.
- Food/drink that is prepared before permitting (without prior approval from Fulton County Board of Health) will nullify any opportunities to vend at this event.
- Approval of this application does not indicate compliance with any other code, law or regulation that may be required. (ie: federal, state, and local).
- A temporary food service operation may not operate for more than **fourteen (14) consecutive days.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant

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**DEPARTMENTAL USE ONLY**

\_\_\_\_\_  
**Approved By**

\_\_\_\_\_  
**Approval Date**

**Permit Restrictions:**

\_\_\_\_\_  
\_\_\_\_\_

**Permit Effective Dates:**

Beginning: \_\_\_\_\_, \_\_\_\_\_ Ending \_\_\_\_\_, \_\_\_\_\_

**Disapproval:**

\_\_\_\_\_  
**Disapproved By**

\_\_\_\_\_  
**Disapproval Date**

**Reason(s) for disapproval:** \_\_\_\_\_

\_\_\_\_\_