



CASCADE COUNTY TEMPORARY FOOD SERVICE PERMIT

Cascade City-County Health Department, 115 4th St. S., Great Falls, MT 59401 (406) 454-6950

****PRINTED PERMIT MUST BE POSTED AT EVENT LOCATION IN PUBLIC VIEW****

Please make check payable to CCHD

- Establishments operating at a single event lasting 1-3 consecutive days regardless of number of employees (\$40 license fee)
- Establishments with 2 or fewer employees working at any one time at event more than 3 days (\$85 license fee)
- Establishments with more than 2 employees working at any one time at event more than 3 days (\$115 license fee)
- Non-Profit Organization (as defined in 50-50-102 MCA)

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: (____) _____ Contact FAX: (____) _____

Contact Email Address: _____

Name of Temporary Event: _____

Temporary Event Physical Location: _____

City: _____ Zip code: _____ County: _____

Dates of Operation: _____ To _____ Total Days Operating: _____
(Start Date) (Last Day)

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: _____ Date: _____

TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT THE SPECIFIED TEMPORARY EVENT, FOR THE DATES OF OPERATION SPECIFIED ABOVE. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW ATTACHED REQUIREMENTS AS SPECIFIED BY THE LOCAL HEALTH AUTHORITY.

This Section is to be completed by the Regulatory Authority

Temporary Permit Application Received by: _____ Date: _____

Permit Signed by: _____ Date: _____

Envision Connect Facility ID: _____ Attachment A Completed: _____

- Financially Compliant
- Financially Non-compliant
- Fee Exempt

Cascade County Temporary Food Application

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFE OPERATOR INFORMATION	EVENT INFORMATION
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Hours of Operation (include time set-up will begin):
Event Organizer's Name:	Date(s) of Event: Anticipated Maximum Attendance at Peak Time: _____
On-site (Person-in-Charge) Contact:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-site Contact Cell Phone:	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

List each food to be served and identify how it will be prepared (cooking, thawing, holding at hot temperatures) and where it will be prepared (on site or in a licensed kitchen).

Food	Preparation Steps and Location
Hamburger <i>Example</i>	Will buy pre-formed patties at grocery store. Will transport to event in cooler with ice. Will keep on ice until ready to cook. Will cook on grill. Will hold in roasting pan above 135°F. Will throw away all patties left at the end of the day. <i>Example</i>

For Food items that will be prepared at other locations, provide the following information:

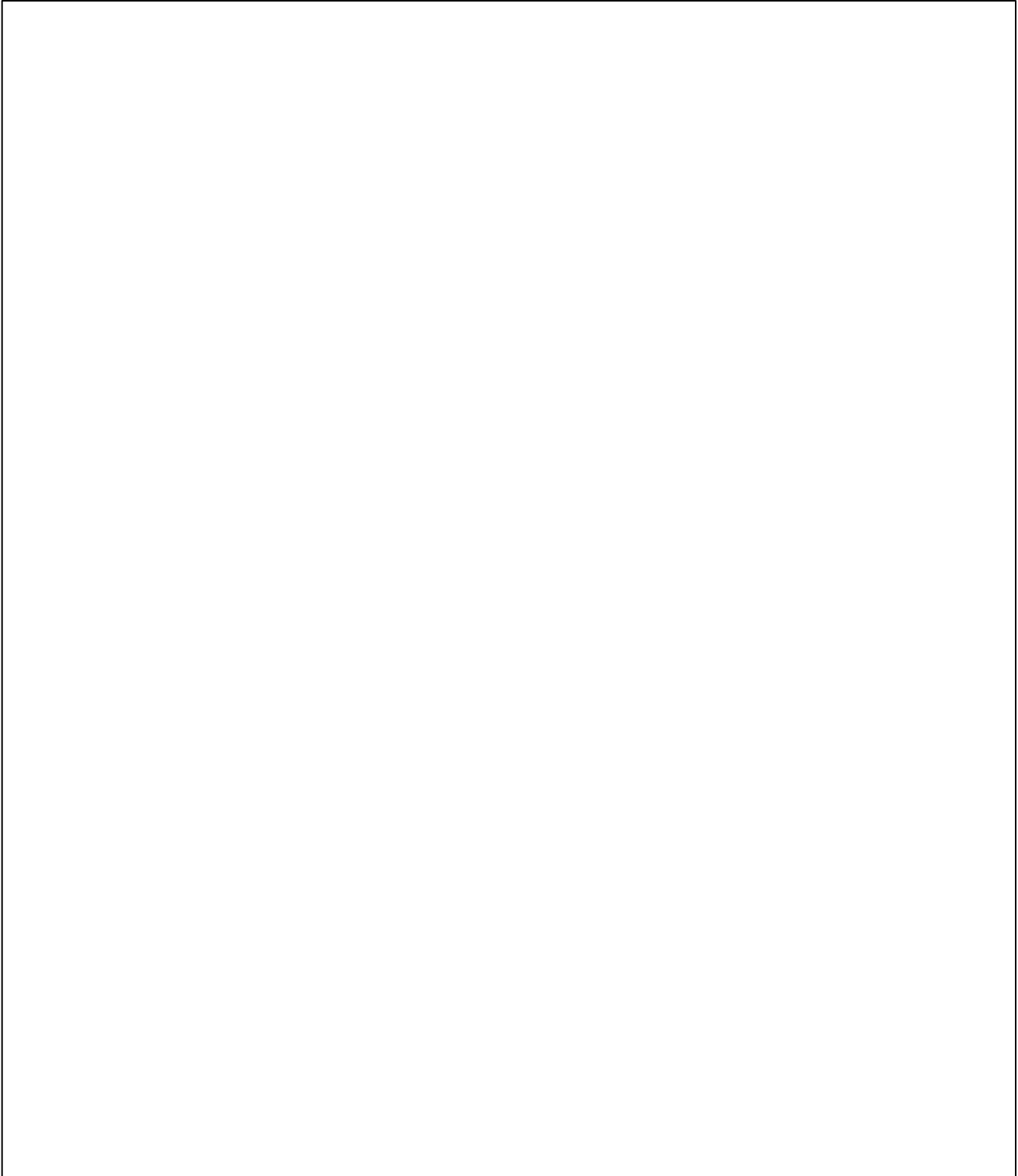
Retail Food Establishment Name: _____ License #: _____

Address: _____

Name of License Holder: _____ Phone #: _____

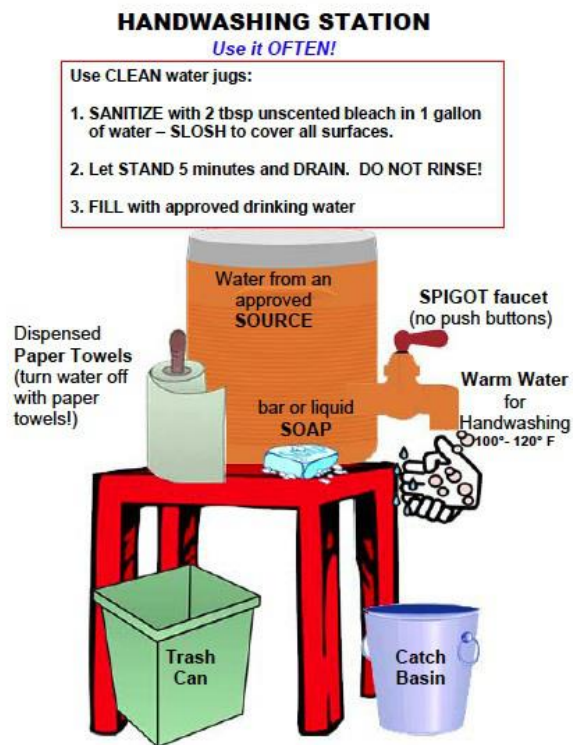
Sketch below the general layout of the Temporary Food Establishment, indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities (if not using shared facilities)
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a temporary food establishment layout. The box is currently blank.

MINIMUM REQUIREMENTS FOR SAFE FOOD HANDLING

1. Minimum holding temperatures: **Hot food: 135°F or hotter** **Cold food: 41°F or colder**
2. Reheat food items to a minimum of 165°F within 2 hours in an uninterrupted process.
3. A metal stem food **thermometer** (0°F-220°F) must be available to check temperatures of food items, and accurate thermometers are to be located in cold holding units.
4. Proper thawing procedures: Thaw under cold, running water (less than 70°F) or in fridge (41°F or below).
5. Hands must be washed thoroughly before putting on disposable gloves or handling food and after visiting a restroom, smoking, eating, drinking, or handling raw meats, garbage, soiled linens, or dirty dishes, or any other situation that could contaminate the hands. Food handler gloves must be worn and duties divided among food handlers to eliminate cross-contamination.
6. **No bare hand contact with ready to eat foods.** Disposable food handler gloves, deli paper, or utensils must be worn when handling or serving ready to eat foods and cooked or finished product.
7. Exclusion of ill individuals from food handling tasks. For example: persons with diarrhea, vomiting, jaundice, sore throat with fever, skin infection, open or draining wounds, upper respiratory infection, or a communicable disease cannot prepare food.
8. Keep the handling of raw products separate from the handling of cooked or finished products.
9. Clean and sanitize food contact surfaces (i.e. tables/counters/cutting boards) prior to the event and frequently throughout the day and always after contact with raw meats. For a sanitizer solution, mix water and bleach (chlorine) or quaternary ammonium (QA) in a bucket. **Check concentrations of sanitizing solution with test strips.** MT Food Rule - **Chlorine: 50-200 ppm, QA: 150-400 ppm.** When wiping cloths are not in use, they must be stored in the sanitizer bucket.
10. Wash all raw fruits and vegetables before being served or cooked.
11. Properly clean and sanitize all utensils and dishes prior to the event. Wash, rinse, sanitize, and air dry. Sanitize food contact equipment using chlorine (50-200 PPM) or quaternary ammonia (QA) solution (150-400 ppm). If equipment such as knives, tongs, spatulas, etc. are used continuously, clean and sanitize at least every 4 hours during service time of event.



Temporary Event Permit Application Attachment A

Complete for Events Longer than 3 Days or upon Sanitarian request

TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS	
Booth Construction (Select Applicable) Overhead Covering <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Floor <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Walls <input type="checkbox"/> Screens <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Booth supplied by: <input type="checkbox"/> TFE Operator <input type="checkbox"/> Event Organizer <input type="checkbox"/> Rent from: _____	
Sketch the general layout of the Temporary Food Establishment on page 4 of this application.	
Utensils and Equipment (When Applicable) <input type="checkbox"/> Single-serve eating and drinking utensils <input type="checkbox"/> Multi-use kitchen utensils Type of Utensil Washing Set Up: <input type="checkbox"/> Three basin set-up <input type="checkbox"/> Shared three compartment sink <input type="checkbox"/> Three compartment sink within a food establishment Sanitizer to be used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Iodine	Handwashing Facilities (When Applicable) Provided by : <input type="checkbox"/> Event Coordinator <input type="checkbox"/> FE Operator Type of handwashing facility: <input type="checkbox"/> Gravity-fed water with spigot/bucket <input type="checkbox"/> Self-contained portable unit (with potable water and waste water holding tanks) <input type="checkbox"/> Plumbed with hot and cold water under pressure <i>Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</i>
Food Storage or Display Equipment Identify all holding equipment that will be used:	Toilet Facilities for Food Employees Provided by : <input type="checkbox"/> Event Coordinator <input type="checkbox"/> FE Operator
Cooking Equipment Identify all cooking equipment that will be used:	Electrical Supply: <input type="checkbox"/> Refrigerator or Freezer available <input type="checkbox"/> Lighting available
Food Transportation Identify how food will be transported to event:	Refuse Removal Identify responsible party for waste removal:
Food Employees (When Applicable) Certified Food Manager available <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ # of food employees: _____	Liquid Waste Removal Identify responsible party for liquid waste removal: Frequency of liquid waste removal: _____ per day

A temporary food establishment permit will not be issued unless this application meets all applicable local requirements, as well as those found in the Administrative Rules of Montana, and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishment.

Applicants Name (Print): _____ Applicants Signature: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No* See reason below	Reviewer Signature/Title: _____ _____ / _____ Date: _____
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*Reason(s) for Disapproval:
