



MONTGOMERY COUNTY HEALTH DEPARTMENT

Montgomery County Health Department
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 Montgomery County Health Department 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 FACILITY 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)



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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:



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

Preparation Location	Food/Drink Items
<input type="checkbox"/> On Site – Raw ingredients mixed, assembled, or cooked at event site.	
<input type="checkbox"/> At Establishment	
<input type="checkbox"/> Purchased already commercially prepared requiring further handling.	
<input type="checkbox"/> 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.



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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:



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

A large, empty rectangular box with a thin black border, intended for the respondent to draw a sketch or diagram of their booth setup.



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Special Event Application Division of Water Quality Management

FOR OFFICIAL USE ONLY: _____
Date Received by MCHD: _____
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:** _____