

Division of Environmental Health 100 Central Ave Rm 261 Cheyenne, WY 82007

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## Application for Temporary Food Establishment License

TEMPORARY FOOD ESTABLISHMENT LICENSE IS ONLY VALID FOR FOURTEEN (14) CONSECUTIVE DAYS IN CONJUCTION WITH A SINGLE EVENT OR CELEBRATION HELD AT A FIXED LOCATION (Wyoming Food Safety Rule Chapter 1 Section 8 (clxx)).

License fees for Temporary Food Permit Event shall be \$50.00 - Cash or Check ONLY & must be submitted at time of application within five (5) business days prior to the event.

Checks must be made payable to **WYOMING DEPARTMENT OF AGRICULTURE** 

All foods must be from approved sources. Meats & poultry must be USDA approved.

NOTE: Contact City Clerk's Office and City Fire Department if function is within the city limits.

Foods shall be made on-site or at an approved commercial establishment.

Foods shall not be prepared nor stored at home.

Event:					
Event Location:					
Function Start Dat	te:	F	unction End Date:		
		Business/Or	ganization Information	1	
Business Name:					
Operator Name:					
Address:			City/St/Zip		
Email Address:					
Daytime Phone #:	:		Fax #:		
Items Being Serve	d				
I UNDERSTAND THE	E LICENSE FOR	WHICH I AM APPLYING	G IS NON-TRANSFERABL	E. IT MAY BE <u>DENI</u>	ED, SUSPENDED, OR RE
VOKED FOR NON-C	OMPLIANCE OR	CONSECUTIVE VIOLA	TIONS OF THE STANDAR	DS GOVERNING THI	<u>'S ACTIVITY</u> , IN ACCORD
ANCE WITH THE W	YOMING FOOD,	DRUG, AND COSMET	IC SAFETY ACT. I AGRE	E TO COMPLY WITH	H THE ESTABLISHED RE
QUIREMENTS FOR T	THISACTIVITYA	T ALL TIMES DURING A	CTUAL OPERATION.		
SIGNATURE OF RES	SPONSIBLE PAF	RTY:	DATE:		
		(NOT VALID WITH	HOUT SIGNATURE)		
Approved By:	Date:	License #:	Amt. Paid: \$	Check #:	Cash

## **TEMPORARY FOOD SERVICE QUESTIONNAIRE**

\*\*\*If the event is a recognized fundraiser and <u>you</u> are a recognized non-profit organization, you do not need to fill out the questionnaire nor the permit application.\*\*\*

\*\*\*If you are selling <u>ONLY</u> prepackaged items, you do not need to fill out this questionnaire.\*\*\*

\*\*\*Please put N/A on any questions which do not apply to your event.\*\*\*

Will any part of your operation NOT be done at the eventer, cooking, etc.)YES	ent (i.e. dish wash	ning, cutting vege	tables, dumping waste	• wa-
<ul><li>Commissary letter <u>MUST</u> be filledNO</li></ul>	out completely a	nd attached to th	nis application.	
Where is the food being supplied from?				=
		_		
	at will be done <u>B</u> ed commissary)	EFORE the event	at a different location	n (i.e.
***Complete this section for any food handling the an approve Where will the food be stored <u>PRIOR</u> to the event?	at will be done <u>B</u> ed commissary)	EFORE the event	at a different location	n (i.e.
***Complete this section for any food handling the	at will be done <u>B</u> ed commissary) Own Facility	EFORE the event	at a different location	n (i.e.
***Complete this section for any food handling the an approve where will the food be stored PRIOR to the event?  Where will the food be prepared PRIOR to the event?	at will be done <u>B</u> ed commissary) Own Facility	EFORE the event	at a different location	n (i.e.

Food	Thaw	Cut/ Assem- ble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding

neck all that apply. Shallow pans uncov	vered in r	efricerator					
•		ŭ					
lce bath and freque lce paddle or wand		•	ina				
Other (Specify)			_				
*Foods that are cooled must meet t							
1. Cool product from 135°l		0 .					
'				r (/) b o r o			
2. Continue to cool produc							
***Food shall be transpor nat equipment will be used to control the ur food items to the event? Check all tha	e tempera	•					oortation
Coolers with ice	ас арргу.						
Cambros for hot/co	old foods						
Other (Specify)							
t each food item you will be handling at t	ha avant	and indica	to all proof	durae acc	enciated wi	th that iter	n Hot fo
ms must be reheated to 165°F or cooked	l to their	correct inte	ernal cooki	ng temper			
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ms must be reheated to 165°F or cooked ed to ensure that all proper temperature  Food  w will hot foods be held at 135°F or highe Served immediately	to their es are bei	Cut/ Assemble	Cook/ Bake	cool  applySteam ta	Reheat	Cold	r shall be
res must be reheated to 165°F or cooked ed to ensure that all proper temperature  Food  w will hot foods be held at 135°F or highe Served immediately cooking	to their es are bei	Cut/ Assemble	Cook/ Bake	applySteam ta_Heat Lan	Reheat  able nps	Cold	r shall be
ems must be reheated to 165°F or cooked ed to ensure that all proper temperature  Food  www.ill hot foods be held at 135°F or highe Served immediately	to their es are bei	Cut/ Assemble	Cook/ Bake	cool  applySteam ta	Reheat  able apps	Cold	r shall be

Reviewed By		Date
Signature of Vendo	r	Date
***Waste water o	annot be dumped on the ground or in sanitary sewer (i.e. mo	to the storm drain. Waste water must be dumped in a p sink, toilet, etc.)***
***Hair control su	ch as hats, scarves, or hairnets are rec at the event and th	quired for anyone serving, preparing, and cooking food e commissary.***
$\Rightarrow$	A five (5) gallon bucket to catch the wa	ste water
	Paper towels	
	• •	otable replacement for required hand washing).
	A minimum of five (5) gallons of warm po	
•	ry hand wash stations are required to h	3
	Provided on-site	
	Portable/temporary hand sink	
What type of hand w	washing station will you have in your boo	oth/unit?
	Bucket with wiping cloth	
-	Spray bottle with paper towels	
How will the	sanitizer be dispensed?	
	• •	entration must be 200ppm when mixed)
	100ppm when used for three (3) co	ppm when mixed in spray bottle/bucket & 50- mpartment sink)
vvnich type of sanit	,	s strips for sanitizer must be provided and used.
Mile in the second of the second	air dried and never towel dried.	
$\Rightarrow$	Either a tub or approved flat surface for	clean dishes to be placed on for drying. Dishes must be
$\Rightarrow$	Sanitizer (Bleach or Quat)	
$\Rightarrow$	Soap	
		nated for washing, rinsing, and sanitizing.
		are required to have the following items:
	Other (Specify)	
	Portable/temporary three (3) comp	artment sink
	Commissary	
	deli tissue, spatulas, tongs, single-use be washed, rinsed, and sanitized?	e gloves or dispensing equipment.***
***Food handlers	shall minimize bare hand contact wit	h all food through the use of suitable utensils such as
	Other (Specify)	
	lce chest/Cooler	
	Refrigerator/Freezer	
	Defricerator/Frances	

## **COMMISSARY AGREEMENT FORM**

This commissary agreement must be signed by the commissary owner or manager before you will be issued a temporary food service permit. Please submit this completed form along with your questionnaire and temporary food service application. This commissary agreement is only valid for the dates as agreed upon on this form and will be valid only for the current calendar year.

Date of use:	το		
l <u>,</u>	of		
(Owner/Manager)		(Commissary Name)	
located at			
	(Commissary A		
do hereby give my permission to	)	(Temporary Vendor)	
to use my kitchen facilities to pe	erform the following (Check all	, ,	
, , , , , , , , , , , , , , , , , , ,	_		ohooting
·	ods, such as washing, cutting		-
	ill be prepared at the commiss will be prepared is covered in	,	LL food items. Further information
offilow they	• •	·	
Storage of foods	in refrigerators or freezers		
Cleaning of equi	oment		
Dish/utensil was	hing		
Filling of potable	water tanks/coolers		
Other			
Please indicate the equipment a	vailable at the commissary for	Vendor to use?	
Hand Sink	Prep Sink	Mop Sink	Dish Washer
3 Compartment Sink	Dry Storage	Refrigeration	Freezer
Cooling Equipment	Cooking Equipment	Other	
Signature of Temporary Vendor	Date	_	Phone Number
Signature of Commissary Owner	/Manager Date	_	Phone Number

Title (Owner/Manager)