



FOR OFFICE USE ONLY

EFT - _____

EHTB- _____

REC'D - _____

Environmental Health Services Temporary Food Booth Application

(This application is not typically considered unless it is in conjunction with an approved special event.)

Name of Event: _____ Dates of Event: _____

Location: _____

Provide a map of the location of your food booth at the event.

Temporary Food Booth Information

Name of Food Booth: _____

Owner or Corporation Name: _____

Owner or Corporation Address: _____

Owner or Corporation Phone: (_____) _____ Email: _____

I hereby consent to inspection by Pinal County Environmental Health Services. I acknowledge that receipt and retention of this Permit depends on compliance with Law.

Signature of Applicant: _____ Date Signed: _____

List all food and beverages that will be served from the booth at the event.

Main Dishes/ Side Dishes	Condiments	Snack Foods	Beverages

Food may not be prepared at home or in a non-permitted facility.

Where will the food be prepared? ☐ On-site in the Booth ☐ Permitted Establishment

Name of Establishment: _____ Phone #: _____

Address: _____ Permit #: _____

How will cold food be kept below 41° F? (e.g., meats, poultry, seafood, dairy products)

☐ Ice Chest # _____

☐ Refrigerator

How will food be kept above 130° F? (cooked, ready to serve meat, poultry, rice, vegetables, etc.)

* Wood Fires may be used for cooking, but not hot holding

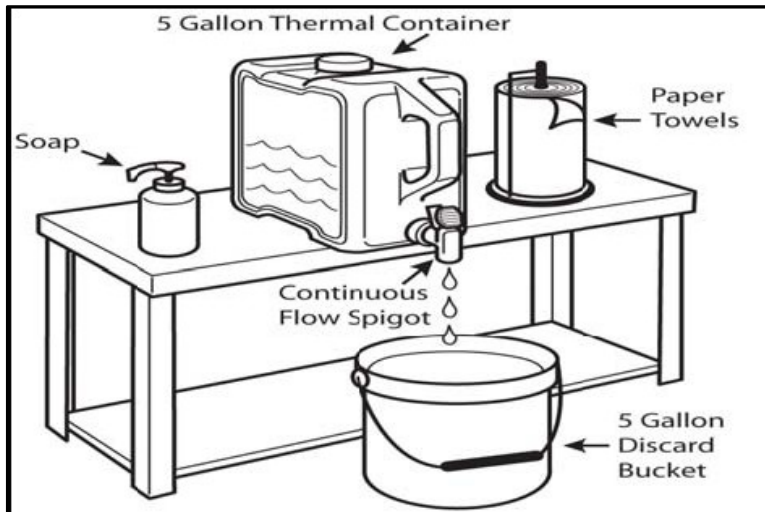
☐ Electric Roasters # _____

☐ Propane Stove Burners # _____

ENVIRONMENTAL HEALTH SERVICES

P.O. Box 2945 Florence, AZ 85132 T 520-866-6864 FREE 866-960-0633 F 520-866-7066 www.pinalcountyaz.gov/ehs

Hand-washing facility inside booth must consist of:



Utensils, cutting boards, etc. must be washed, rinsed, and sanitized in a three compartment sink setup.

*Formula for sanitation solution: one (1) tablespoon of fresh bleach for every gallon of water

Food Booth Enclosure/Concession Trailer:

- ☐ Food Booth (With screening, overhead covering and floor)
- ☐ Tent (screening on 4 sides, covered ground, concrete pad, or asphalt, overhead covering, and 1 door)
- ☐ Concession Trailer or Mobile Food Unit

Water Supply: _____

Wastewater Disposal: _____

Power Source: _____

FOR DEPARTMENTAL USE ONLY

Special Event Name: _____ Special Event Number: EFT-_____

Date Application Submitted: _____ Application Received By: _____

Lawful Presence Determined By: _____

Reviewed By: _____ Date of Review: _____

Permit Number: EHTB-_____ Date Assigned: _____

Approval: ☐ Recommended ☐ Denied

Notes (Reason for Denial): _____
