



Cheyenne-Laramie County Health Department
Division of Environmental Health
100 Central Ave Rm 261
Cheyenne, WY 82007
Phone: (307) 633-4090 Fax: (307) 633-4038
Website: www.laramiecountywy.gov
Email: envhlth@laramiecounty.com

Application for Temporary Food Establishment License

TEMPORARY FOOD ESTABLISHMENT LICENSE IS ONLY VALID FOR FOURTEEN (14) CONSECUTIVE DAYS IN CONJUNCTION 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 & submitted at time of application.**

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

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

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 Date: _____ **Function End Date:** _____

Business/Organization Information

Business Name: _____

Operator Name: _____

Address: _____ **City/St/Zip** _____

Email Address: _____

Daytime Phone #: _____ **Fax #:** _____

Items Being Served _____

Location(s) of Food Preparation _____

I UNDERSTAND THE LICENSE FOR WHICH I AM APPLYING IS NON-TRANSFERABLE. IT MAY BE DENIED, SUSPENDED, OR REVOKED FOR NON-COMPLIANCE OR CONSECUTIVE VIOLATIONS OF THE STANDARDS GOVERNING THIS ACTIVITY, IN ACCORDANCE WITH THE WYOMING FOOD, DRUG, AND COSMETIC SAFETY ACT. I AGREE TO COMPLY WITH THE ESTABLISHED REQUIREMENTS FOR THIS ACTIVITY AT ALL TIMES DURING ACTUAL OPERATION.

SIGNATURE OF RESPONSIBLE PARTY: _____ **DATE:** _____

(NOT VALID WITHOUT SIGNATURE)

Approved By: _____ **Date:** _____ **License #:** _____ **Amt. Paid: \$** _____ **Check #:** _____ **Cash**

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

If cooling food during preparation or at any time during the event, how will foods be rapidly cooled to 41°F or below? Check all that apply.

- Shallow pans uncovered in refrigerator
- Ice bath and frequent stirring
- Ice paddle or wand with continued stirring
- Other (Specify) _____

*Foods that are cooled must meet the following requirements:

1. Cool product from 135°F to 70°F within two (2) hours
2. Continue to cool product from 70°F to 41°F within four (4) hours

*****Food shall be transported directly to site and shall not be stored at home.*****

What equipment will be used to control the temperatures and prevent cross contamination during transportation of your food items to the event? Check all that apply.

- Coolers with ice
- Cambros for hot/cold foods
- Other (Specify) _____

FOOD HANDLING AT THE EVENT

*****Complete this section for food that will be cooked/prepped AT the event.*****

List each food item you will be handling at the event and indicate all procedures associated with that item. Hot food items must be reheated to 165°F or cooked to their correct internal cooking temperature. A thermometer shall be used to ensure that all proper temperatures are being met during the event.

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding

How will hot foods be held at 135°F or higher at the event? Check all that apply.

- Served immediately after cooking
- Steam table
- Held on grill until served
- Heat Lamps
- Hot holding unit
- Crock pots
- Other (Specify) _____

How will all cold foods be held at 41°F or lower at the event? Check all that apply.

_____ Refrigerator/Freezer

_____ Ice chest/Cooler

_____ Other (Specify) _____

*****Food handlers shall minimize bare hand contact with all food through the use of suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.*****

Where will utensils be washed, rinsed, and sanitized?

_____ Commissary

_____ Portable/temporary three (3) compartment sink

_____ Other (Specify) _____

*****Temporary three (3) compartment sink stations are required to have the following items:**

⇒ Three (3) different tubs/buckets designated for washing, rinsing, and sanitizing.

⇒ Soap

⇒ Sanitizer (Bleach or Quat)

⇒ Either a tub or approved flat surface for clean dishes to be placed on for drying. Dishes must be air dried and never towel dried.

Which type of sanitizer will you be using? The correct tests strips for sanitizer must be provided and used.

_____ Bleach (Concentration must be 100ppm when mixed in spray bottle/bucket & 50-100ppm when used for three (3) compartment sink)

_____ Quaternary Ammonia (Quat) (Concentration must be 200ppm when mixed)

How will the sanitizer be dispensed?

_____ Spray bottle with paper towels

_____ Bucket with wiping cloth

What type of hand washing station will you have in your booth/unit?

_____ Portable/temporary hand sink

_____ Provided on-site

*****Temporary hand wash stations are required to have the following items:**

⇒ A minimum of five (5) gallons of warm potable water in a container

⇒ Soap (Hand sanitizers are NOT an acceptable replacement for required hand washing).

⇒ Paper towels

⇒ A five (5) gallon bucket to catch the waste water

*****Hair control such as hats, scarves, or hairnets are required for anyone serving, preparing, and cooking food at the event and the commissary.*****

*****Waste water cannot be dumped on the ground or into the storm drain. Waste water must be dumped in a sanitary sewer (i.e. mop sink, toilet, etc.)*****

Signature of Vendor _____ Date _____

Reviewed By _____ Date _____

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: _____ to _____

I, _____ of _____,
(Owner/Manager) (Commissary Name)

located at _____
(Commissary Address)

do hereby give my permission to _____
(Temporary Vendor)

to use my kitchen facilities to perform the following (Check all that apply):

_____ Preparation of foods, such as washing, cutting, cooking, cooling, and reheating.

- ◆ What food will be prepared at the commissary? Make sure to list ALL food items. Further information on how they will be prepared is covered in the questionnaire.

_____ Storage of foods in refrigerators or freezers

_____ Cleaning of equipment

_____ Dish/utensil washing

_____ Filling of potable water tanks/coolers

_____ Other _____

Please indicate the equipment available 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)