

Festival Type Food Operations

Please provide the Health Department with the following written information. Please print.

1. Vendor/Organization Name: _____
2. Name and date of event; location where food will be sold: _____

3. Date and location where food will be prepared (if different from above, must be in a licensed kitchen): _____
4. List all foods you plan to sell (including liquid refreshments): _____

5. How will you keep foods hot (at or above 135°F)? _____
6. How will you keep foods cold (at or below 41°F)? _____
7. How will your employees wash their hands? _____

8. Is event inside or outside? _____
9. How will you protect your foods from customer contamination (food guards) and flies and insects? _____

10. What type of equipment will you use at the sale site for preparation and/or holding of food? _____

Note: Foods must be stored up off the floor and ground, and must be protected from dogs, cats, flies, and other pests

11. How will you store all serving and eating utensils at the sale site? (They must be kept covered, and up off the ground) _____

12. How will trash be stored, and who will remove it from the sale site? _____

13. Where will you wash and sanitize your utensils? How will you do it? _____

14. Explain how all foods will be transported to and from serving site (including how foods will be protected from contamination and how acceptable food temperatures will be maintained during transportation): _____

15. Please submit a floor plan drawing of your operation showing how food items are to be prepared, displayed, and sold. (The drawing must show how you plan to set up your equipment and tables).

***Send all information at least **TEN DAYS** before the event to the following address:

Combined Health District of Montgomery County

117 South Main Street

Dayton, Ohio 45422

Attn: General Services

Phone: (937) 225-4460

I certify that the above information is true to the best of my knowledge and that if there are additions or deletions in the information provided, I will contact the Health Department prior to operation.

Signature _____ Date _____

***FOOD BOOTH FLOOR PLAN:**