



National Park Service  
U.S. Department of the Interior

Golden Gate National  
Recreation Area  
  
Building 201, Fort Mason  
San Francisco, CA 94123

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## Temporary Food Event (TFE) Program

### HIGH RISK FOOD VENDOR APPLICATION

This application is to be completed by each Temporary Food Event Facility (TFE). Complete Item #3 below and indicate if the facility is the same as #2. Note: N/A will not be accepted. Each vendor will return a completed application with supporting documentation and fees (application and inspection) to the Event Organizer. Vendor Checklists, Operating Requirements and program information forms do not need to be returned. The Event Organizer shall collect all vendor applications and corresponding fees and submit them as a single packet to the park partner or Public Health Officer at least 2 weeks prior to the event. If you have questions about the event or permitting process, ask your Event Organizer.

1. Name of Event: \_\_\_\_\_

Event Organizer: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Location: \_\_\_\_\_ # of your 10 x 10 food facilities: \_\_\_\_\_

Daily Start Time: \_\_\_\_\_ Daily End Time (no further cooking): \_\_\_\_\_

2. TFE Vendor/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of certified food facility manager staffing the event: \_\_\_\_\_

Will all food be prepared at the event? Y / N Will the food be served buffet style or counter service?

3. Name of restaurant or commissary used for food preparation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of certified facility food manager: \_\_\_\_\_

Travel time from off-site preparation to event location: \_\_\_\_\_

4. Describe the hand washing facilities at the event including materials and setup:

5. Describe utensil sanitizing methods at the event including materials and setup:

**6. Describe your temperature control methods (containers/temperature checks etc) during transit and during the event for:**

Hot (135F or above)

Transit

Event

Cold (41F or below)

Transit

Event

**7. Provide a list of menu items and include how they will be prepared. Limit menu to five potentially hazardous food items meaning foods that need temperature controls to prevent bacterial growth.**

<b>Menu Item</b> i.e. (raw chicken)	<b>Off-Site</b> <b>Prep</b> (yes/no)	<b>Cooking/Preparation</b> <b>Procedures</b> (grill to internal temp of 165F on site/ cut up off site)	<b>Holding Temperature</b> <b>Method</b> (steam table/ refrigerator at event)	<b>How Served</b> (Hot/cold)

**8. Describe the wastewater disposal system. Wastewater cannot be dumped on park property**

9. **Describe the potable water supply at the event.** If you will provide it on your own, describe how you will haul water. You may not use the water system without park approval.

10. **Indicate the number of toilets and refuse containers at the event.** If you or a private company will provide this service, please provide name of person/company and their contact information. (If on site operations are less than 2 hours, toilets are not required but recommended).

11. **Provide a sketch,** on the next page of this packet, of the temporary food facility. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service area.

12. **Gather photocopies of the following documentation to submit with this application:**

- Copy of the valid commercial food license or permit to operate
- Copy of current food manager training certificates for persons in charge at both the temporary event and commissary/food preparation facility
- Current or valid public health inspection report for food preparation facility
- Copy of Liability Insurance Certificate with a minimum of \$1,000,000 of general liability that lists GGNRA as Additional Insured

13. **Review and sign** the consent section located on the second to last page of the packet.

14. **Gather approval and signature** on last page of the packet from the owner of the commissary or restaurant used for food preparation for the event.

## **Sketch Sheet for Diagram of Temporary Food Event Facility**

Draw a simple floor plan diagram of the TFE operation and draw/insert the requested items 1-7 listed below:

### **FACING OUT TO THE FRONT OF THE OPERATION**

### **FACING TO THE REAR OF THE FOOD FACILITY**

1. Food Service Counter and/or Display Area (usually the front of the facility)
2. Hot Holding Area
3. Cold Holding Area
4. Hand wash Facility/Station
5. Dish/Utensil Wash Area
6. Storage Area (s)
7. Cooking Area (must be located to the rear – away from the public)

**Form #201**

TEMPORARY FOOD EVENT VENDOR PERMIT

Food Facility Name: \_\_\_\_\_ Manager: \_\_\_\_\_  
Event Name & Location: \_\_\_\_\_ Event Permit #: \_\_\_\_\_  
TFE Permit # \_\_\_\_\_

Approval/Disapproval Date: \_\_\_\_\_ Permit Effective Dates: \_\_\_\_\_

Permit Restrictions/Reason for Disapproval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_

LT Tara Carolfi, Public Health Officer  
Day of event phone: 415-278-1788

**Vendor Consent**

I \_\_\_\_\_ (applicant of the TFE vendor permit) hereby certify that the submitted information is correct and I fully understand that any deviation from the above without prior permission from GGNRA may nullify final approval. I have read and understand the TFE Vendor Checklist and provided to the event organizer the following documentation for my temporary food facility:

- Copy of the valid commercial food license or permit to operate
- Copy of food manager training certificates for persons in charge at both the temporary event and commissary/food preparation facility
- Current or valid public health inspection report for food preparation facility
- Copy of Liability Insurance Information with a minimum of \$1,000,000 of general liability that lists GGNRA as additional insured

I agree to maintain any areas assigned to me or my organization in a clean, sanitary condition during the permit period. I also agree to have a **certified food service manager** immediately on hand during all food preparation, handling, and sales during the event.

If I have any questions regarding these requirements or wish to change my menu during the course of the event, I understand that I must discuss and receive advance approval with the Public Health Officer at (415) 561-4743 in a timely manner. I understand the egregious conditions or violations of the FDA Food Code can result in the immediate suspension or revocation of my temporary food event permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Form #201b

**OFF-SITE Licensed Food Establishment Owner's Agreement**  
**Allowing the use of the off-site facility by the TFE**

Instructions: An Establishment is defined as a fixed location licensed commissary or restaurant. This page must be completed for EACH licensed restaurant or commissary in which food will be PREPARED for the event. This page must be completed and signed by the licensed owner of the food service establishment (s).

**As owner of the licensed food establishment:** \_\_\_\_\_, **we hold a current Permit to**  
(name of establishment, ex. La Cocina)

**Operate from the** \_\_\_\_\_ **Public Health Department .**  
(name of city or county)

**The operation is a locally inspected food establishment, located at:**

Street  
Address \_\_\_\_\_,

City \_\_\_\_\_, State \_\_\_\_\_ ZIPCODE \_\_\_\_\_,

**As owner or manager, I hereby authorize:**

\_\_\_\_\_  
*Insert the name of the TFE operation or the owner of the TFE operation (ex. Tony's Taco Truck)*

**to use the food establishment listed above on the following date or date range:**

\_\_\_\_\_  
(Date range can be up to six months from the date of signing this form)

**The above listed establishment will be used for the purpose of preparing, cooking, cooling, hot holding, and/or transporting food for the special event in for which this application is submitted. Furthermore, all food will be prepared in my licensed food establishment under the direct supervision of:**

\_\_\_\_\_  
*(insert the name of establishment's certified food service manager/supervisor of the restaurant or commissary who will be present to oversee the food preparation)*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Owner/Manager:

Print Name of the Establishment Owner as listed on Permit to Operate:  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

The owner/manager of the licensed food establishment must attach the following documents:

- A photocopy of a current food establishment inspection report (NOT score card) completed by the local health department/authority – the report must be within the past 12 months and must indicate a passing score.
- A photocopy of a current business license indicating the business is a licensed food establishment.
- A photocopy of a current certification for the food service manager or supervisor who will be responsible for managing the licensed food establishment. (If this is the same person as the event food safety certified manager, a second copy need not be provided here again as it has already been requested.)

**Form #201c**

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The National Park Service cares for special places saved by the American people so that all may experience our heritage.