



TEMPORARY FOOD VENDOR APPLICATION

Event Information

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

Location \_\_\_\_\_
Street Address \_\_\_\_\_

Time of Set-up \_\_\_\_\_

Name of Event Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Email \_\_\_\_\_

Applicant Information

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Email: \_\_\_\_\_

Name of Food Safety Certified Individual: \_\_\_\_\_
Attach Certification

Food Information

Will Food Be: Sold [ ] Given Out [ ]

Is the Food: Pre-Packaged [ ] Temperature Controlled [ ]

Hand Washing

Where will you get your water from? \_\_\_\_\_

How will you heat your water to 100° F for handwashing? \_\_\_\_\_

Describe your handwashing station \_\_\_\_\_

How many gallons of water are you bringing? \_\_\_\_\_

Water/Ice

Where will you be getting the water/ice from? \_\_\_\_\_

How much water/ice are you bringing? \_\_\_\_\_

What are you using the water/ice for? \_\_\_\_\_

What are you storing the water/ice in? \_\_\_\_\_

---

---

Protection from contamination

How will unpackaged and ready-to-eat foods be distributed and protected from contamination? \_\_\_\_\_

How will condiments be dispensed? \_\_\_\_\_

Are you serving fruits or vegetables? \_\_\_\_\_

Where & how will foods be cleaned? \_\_\_\_\_

---

---

Food Storage

At what temperature are you transporting/storing the food? \_\_\_\_\_

What equipment will be used to maintain these temperatures? \_\_\_\_\_

How much time will it take you to transport the food to the event? \_\_\_\_\_

I agree that all refrigeration & cold units must maintain 41°F or below & have an accurate thermometer. All foods requiring temperature control must be delivered to the event below 41°F or above 135°F. Temperatures must be maintained during the event. Out of temperature foods are subject to immediate disposal and may prevent participation. Yes  No

---

---

Cooking/Cooling & Reheating

What raw animal products are you cooking at the event? \_\_\_\_\_

To what temperature and how long are you cooking it? \_\_\_\_\_

What type of thermometer will you be using? \_\_\_\_\_

Are you reheating any foods prior to the event? Describe \_\_\_\_\_

What foods are you reheating? \_\_\_\_\_

What equipment are you using? \_\_\_\_\_

Equipment

Provide a description & quantity of any food equipment you are bringing

Utensils _____	Mixing Bowls _____
Food Storage Containers _____	Single Serve Items _____
Beverage Dispensing Units _____	Condiment Dispensing Units _____
Tables _____	Other _____

Required Enclosures

What type of overhead structure will you use? \_\_\_\_\_

What materials is the structure made of? \_\_\_\_\_

Indicate fire retardant rating. \_\_\_\_\_

Waste

How will waste water be disposed? \_\_\_\_\_

If fry oil is used, how will it be removed? \_\_\_\_\_

Describe your waste receptacle \_\_\_\_\_

How will trash be removed? \_\_\_\_\_

**Attachments**

*All attachments are **required and must be submitted two (2) weeks prior to the event start date.** Please be aware that if any attachments are missing, your application will be denied. Please check the list below to ensure you have attached all required forms.*

- |  |  |
|--|--|
| Menu <input type="checkbox"/>                                | ServSafe/Food Manager Certificate <input type="checkbox"/> |
| Health License from your city/state <input type="checkbox"/> | Drawing of your set-up <input type="checkbox"/>            |
| Non-Refundable Payment of \$140.00 <input type="checkbox"/>  |  |
| <i>(Make all payments out to the City of Lancaster)</i>      |  |

**Disclaimer and Signature**

*I \_\_\_\_\_ have read and understood all applicable food code sections and sub-sections and agree to abide by all rules and regulations set henceforth by the Commonwealth of Pennsylvania. I certify that the information above is true and complete to the best of my knowledge.*

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