

**BUCKS COUNTY DEPARTMENT OF HEALTH  
APPLICATION FOR LICENSE TO CONDUCT  
A TEMPORARY FOOD OPERATION**

In accordance with the provision of the "Local Health Administration Law", No. 315, approved August 24, 1951, PL. 1304, as amended and the Act of May 23 1945, P.L. 926 and the rules and regulations adopted thereunder, I hereby make an application for a license to conduct and operate a temporary food facility as described below.

Act 62 of 1992, requires any person applying for a food establishment license in the Commonwealth to submit written proof that they have applied for or received from the Pa. Department of Revenue a sales and use tax license or exemption certificate. Failure to produce this documentation shall be reason enough to deny the license application. The documentation must be attached to this application.

**Name and location of Temporary Event** \_\_\_\_\_

**Scheduled Dates of Temporary Event:** \_\_\_\_\_ to \_\_\_\_\_

**Operational Hours of Temporary Event** \_\_\_\_\_ to \_\_\_\_\_

**Sponsor of the Temporary Event** \_\_\_\_\_

**Phone # ( )** \_\_\_\_\_ **Fax #( )** \_\_\_\_\_

**Name of Temporary Food Facility** \_\_\_\_\_

**Name of Owner Operating Temporary Food Facility** \_\_\_\_\_

**Facility Owner's Mailing Address** \_\_\_\_\_

Address City State Zip

**Phone # ( )** \_\_\_\_\_ **Fax # ( )** \_\_\_\_\_

**The undersigned agrees to operate this Temporary Food Operation in compliance with the County Food Regulations**  
**SIGNATURE of Business Owner/Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**NOTE: THE OWNER OF THE BUSINESS OR A CORPORATE OFFICER MUST SIGN THIS APPLICATION.**

**FEE SUBMITTED: \$** \_\_\_\_\_ **(SEE CURRENT DEPARTMENT FEE SCHEDULE)**

**NOTE: If Non-Profit Organization then proof of Non-Profit Charitable status must accompany this application. Evidence of PA Department of Revenue Sales and Use Tax License or Exemption Certificate must be attached.**

**↓ TEMPORARY FOOD OPERATION EVENT CHECK LIST ↓**  
**This portion of the application must be filled out completely before submitting to the Department**

**1 FOOD ITEMS TO BE OFFERED TO THE CONSUMER:**

- List of Foods \_\_\_\_\_
- List of Source(s) where food will be brought from and purchased. \_\_\_\_\_
- Will food preparation be conducted off site of the event?  Yes  No
- If yes, where will foods be prepared? (NOTE: FOODS CANNOT BE PREPARED AT HOME)  
\_\_\_\_\_
- Types of containers used to transport food to the event. \_\_\_\_\_
- How will potentially hazardous hot foods be held at 135°F and above?  
(Indicate number of units in space provided) Steam table \_\_\_\_\_ Sterno/chafing dish \_\_\_\_\_  
Roaster \_\_\_\_\_ Grill \_\_\_\_\_ Other (specify) \_\_\_\_\_
- How will potentially hazardous cold foods be kept at 41°F or below?  
(Indicate number of units in space provided) Refrigerator \_\_\_\_\_ Freezer \_\_\_\_\_  
Ice Chest \_\_\_\_\_ (acceptable for 1 day) Other (specify) \_\_\_\_\_
- Will a refrigerated truck be used for food storage?  Yes  No
- Will probe type thermometers be provided at the food facility?  Yes  No
- Will condiments be available in squeeze type containers or single service packets?  Yes  No
- Will a Consumer Advisory be provided for applicable foods?  Yes  No

2 POWER SUPPLY

- How will electricity be provided to your food operation? \_\_\_\_\_
- What plans have been made for an emergency power source? \_\_\_\_\_

3 CONSTRUCTION OF FOOD FACILITY

- What materials will be used for overhead protection? \_\_\_\_\_
- What type of ground cover will be provided within the food facility? \_\_\_\_\_
- What methods will be used to control dust and flying insects? \_\_\_\_\_

4 FOOD HANDLING NOTE: No bare-hand contact is permitted on any ready-to-eat foods.

- What utensils will be used in the preparation and dispensing of foods? \_\_\_\_\_  
(e.g. cutting boards, tongs, knives, spatulas, plastic gloves etc.)
- What methods will be implemented to protect food from being contaminated by the public?  
(check all that apply) Sneeze guards \_\_\_\_\_ Covers \_\_\_\_\_ Other (specify) \_\_\_\_\_

5 WATER SUPPLY (MINIMUM OF 5 GALLONS/DAY MUST BE PROVIDED)

- What is your source of potable water? \_\_\_\_\_
- How will you heat water for your food operation? \_\_\_\_\_
- What is your approved source for ice? \_\_\_\_\_

6 CLEANING AND SANITIZING

- What method will be used to clean and sanitize equipment/utensils? \_\_\_\_\_
- What type of sanitizer will be used? \_\_\_\_\_
- Will single service utensils be utilized at the food facility?  Yes  No

7 HAND WASHING NOTE: No bare-hand contact is permitted on any ready-to-eat foods.

- How will food handlers wash their hands? \_\_\_\_\_
- Pre-moisten towelettes permitted for 1 day operations only.

8 WASTE WATER

- How will waste water be disposed of from your food facility operation? \_\_\_\_\_

9 GARBAGE/REFUSE

- Will garbage/refuse containers that are insect and rodent proof be provided?  Yes  No
- Frequency of removal of garbage/refuse from your food stand operation. \_\_\_\_\_

10 RESTROOM FACILITIES PROVIDED FOR FOOD HANDLERS

- Location and Number \_\_\_\_\_
- Soap/paper towels must be provided at restrooms.
- Name of Licensed Sewage Hauler if applicable. \_\_\_\_\_

11 PERSONAL HYGIENE FOR FOOD HANDLERS

- Will provisions be made for the following?  Yes  No
  - a Clean outer garments for wear by all food handler persons.
  - b Exclusion of persons with a communicable disease or open wound, sores or lesions from work in the preparation of food.
  - c Proper hair control must be exercised by persons engaged in the preparation of food and drink.
  - d Prohibition of the use of tobacco products by food handlers during the preparation or serving of food.

Make check or money order payable to: **Bucks County Department of Health.**  
Mail Application to: **Bucks County Department of Health, 1282 Almshouse Road, Doylestown PA. 18901**