APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT (TFE)
APPLICATIONS MUST BE SUBMITTED 10 DAYS PRIOR TO THE EVENT

COMPLETE AND RETURN TO ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE LOCATED IN THE COUNTY IN WHICH THE TEMPORARY FOOD ESTABLISHMENT WILL BE LOCATED

<table>
<thead>
<tr>
<th>New Castle County EHFS</th>
<th>Kent County EHFS</th>
<th>Sussex County EHFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chopin Building, Suite 105</td>
<td>Thomas Collins Building</td>
<td>Adams State Service Center</td>
</tr>
<tr>
<td>258 Chapman Rd</td>
<td>540 S. DuPont Hwy, Suite 5</td>
<td>544 S. Bedford St.</td>
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<tr>
<td>Newark, DE 19702</td>
<td>Dover, DE 19901</td>
<td>Georgetown, DE 19947</td>
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<tr>
<td>Phone: 302-283-7110</td>
<td>Phone: 302-744-1220</td>
<td>Phone: 302-515-3302</td>
</tr>
<tr>
<td>Fax: 302-283-7111</td>
<td>Fax: 302-739-1957</td>
<td>Fax: 302-515-3301</td>
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Name of Event: ___________________________ Date(s) Of Event: ___________________________

Location of Event: __________________________________________________________

Business/Organization Name: ____________________________________________ Phone: ___________________________

Contact Person: ___________________________ Day Phone: ___________________________ Fax: ___________________________

Contact Person Email: ______________________________________________________

Applicant Mailing Address: ____________________________________________________

City: ___________________________ State: _______ Zip Code: ________________

Name of Person-in-Charge of this TFE at Event: ________________________________

Proposed Menu: ____________________________________________________________

Site of Food Preparation (if other than Event Location): __________________________

Vendor/Supplier of Foods (Where will Foods be Purchased?): __________________________

Water Supply (circle one): Public System Bottled

Equipment Used for Transporting Foods to Event: ________________________________

Equipment Used for Cooking Food to Required Temperatures: __________________________

Equipment Used for Maintaining Cold Food at 41° F or Lower: __________________________

Equipment Used for Maintaining Hot Food at 135° F or Above: __________________________

Hand Washing Facilities at EACH Vendor Site (Circle One):
Hand Washing Sink __ Hand Washing Station Consisting of a Container with Spigot, Catch Bucket, Soap, Paper Towels

Utensil Washing Facilities at Each Vendor Site (Circle One): 3-Compartment Sink 3 Containers Multiples of Utensil(s)

In applying for a Temporary Food Establishment permit, I understand that failure to comply with all food safety requirements may result in the suspension of the permit, at which time all food operations must cease, until corrective action is taken and approved.

__________________________________________ Date:
Signature and Title of Applicant

Application Approved By: ___________________________ Date: ___________________________ Revised 2/1/16

Approved with Following Revisions: ___________________________