



LAKE COUNTY ENVIRONMENTAL HEALTH

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TEMPORARY FOOD SERVICE PLAN REVIEW NON-PROFIT ORGANIZATION REQUEST FOR LICENSE EXEMPTION

DATE OF APPLICATION: ____/____/____
NAME OF BUSINESS OR ORGNIZATION: _____
NAME OF PERSON IN CHARGE OF FOOD SERVICE: _____
MAILING ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____
PHONE: (____) _____ EMAIL: _____

NAME OF EVENT OR FUNCTION: _____
SPECIFIC LOCATION OF EVENT: _____
EVENT COORDINATOR CONTACT INFO: _____
DATE(S) OF EVENT: _____
HOURS OF OPERATION: _____

Please indicate the hours in which you will be SET-UP and ready to serve, NOT the hours of the event.
If you planned hours of operation change, please contact this department as soon as possible.

A temporary food service may need to be supported by a servicing area. The servicing area will be used (depending on menu) for cold and dry food storage, preparation of menu items, washing of produce, cleaning and sanitizing equipment, an approved potable water and wastewater disposal area.

YOUR SERVICING AREA IS: _____
SERVICING AREA CONTACT PERSON & PHONE NUMBER: _____

If no servicing area is needed for your temporary food service set-up and operation, please indicate the following:
POTABLE WATER SOURCE: _____
SANITARY SEWER SOURCE: _____

Every temporary food service must have restrooms within 200 feet of the food service operation for employee use.
LOCATION OF AVAILABLE RESTROOMS: _____

Every food service must have a sanitizing solution in a bucket with an available wiping cloth. The solution must be 100 ppm chlorine (bleach) or 200 ppm quaternary ammonia. Operators must have test strips to ensure proper concentration.
TYPE OF SANITIZER: _____

MENU: List each menu item you plan to serve. Include the approved source (where the item is purchased) of the item and the preparation process for the item.

MENU ITEM	APPROVED SOURCE	PREPARATION PROCESS

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HANDWASHING FACILITIES: All temporary food service operations must have a way to wash hands at the point of food preparation and service. If you do not have a designated sink available with hot and cold running water in your serving area, you must set up a temporary hand wash station. At a minimum, the station must have the following: *a five gallon container filled with WARM water from an approved source and has a spigot/spout that allows both hands to be under the running water (no push button containers), a bucket to catch the hand wash water when used, hand soap, and disposable towels. SEE ILLUSTRATION OF HAND WASHING STATION IN TFS GUIDELINES.*

DESCRIBE HAND WASHING FACILITIES: _____

ELECTRICITY: Temporary food service booths may require the use of electricity in order to operate equipment.

DESCRIBE ELECTRICAL SOURCE: _____

PLEASE PROVIDE A TO-SCALE DRAWING OF YOUR FOOD BOOTH WITH THIS APPLICATION. INCLUDE LOCATIONS AND TYPES OF EQUIPMENT, HAND WASH SINKS/STATION LOCATION, AND FOOD STORAGE AND SUPPLIES LOCATION.

OUTDOOR EVENTS ONLY: Outdoor temporary food service booths may require overhead cover and cleanable ground cover. *SEE ILLUSTRATION OF A TENT SET-UP IN THE TFS GUIDELINES.*

OVERHEAD COVER WILL BE: _____

GROUND COVER WILL BE: _____

PROTECTIVE SIDES (IF NEEDED) WILL BE: _____

No changes will be made without the Lake County Environmental Health Department's Approval.

I certify the above named organization qualifies as a non-profit, tax-exempt organization as allowed under 26 U.S.C. 501.

Name (Print): _____ Signature: _____

Date

OFFICE USE ONLY

SANITARIAN COMMENTS/REQUIREMENTS: _____

Sanitarian (Print): _____ Signature: _____

Date