



Temporary Food Establishment Permit Application

Tribal Health Department
Environmental Health Services
Post Office Box 147
433 W. Seed Farm Rd
Sacaton, AZ 85147
Office: (520) 562-5100
Fax: (520) 562-5196
EHSHelpDesk@gric.nsn.us

Submit this application a minimum of 14 days prior to the event.

(1) Event Date(s): _____ to _____ Food Service Begins: _____ AM PM Ends _____ AM PM
MONTH/DAY/YEAR MONTH/DAY/YEAR

(2) Name of Event: _____ Type of Event: Celebration Fundraiser
 Athletics Other

(3) Event Location: _____
DISTRICT, PARK, RAMADA, BUILDING, CHURCH, FACILITY

(4) Applying as a:

- Business Individual Tribal Government Agency
 Non-Private Organization Charitable Religious Civic

(5) Applicant's Name: _____ DOB: _____
BUSINESS, ORGANIZATION, INDIVIDUAL or TRIBAL AGENCY

(6) Booth / Tent / Stand Name: _____ Telephone No. _____

(7) Applicant's Address: _____ ADDRESS ZIP CODE

(8) "Person in Charge" of Food Booth: _____ Telephone No. _____

(9) Name of Event Coordinator: _____ Telephone No. _____

I hereby consent to inspection by the Gila River Indian Community, Environmental Health Services. I acknowledge that receipt and retention of this permit depends on compliance with the food code. I understand that:

1. Food must be prepared on-site at the event and/or in licensed kitchen.
2. Food prepared at home cannot be served to the public;
3. Dependent upon assessed risk, an on-site pre-opening inspection may be required to assure my operation complies with the food code.
4. Submittal of this application does not guarantee permit approval.
5. *EHS reserves the right to deny applications which are not submitted within **14 days** of the event.*

I attest that the information contained within this application is true and accurate to the best of my knowledge.

PRINT NAME SIGNATURE DATE

FOR EHS ADMINISTRATIVE USE ONLY

Received By: _____	Date Received: _____
Approved: _____	Denied: _____
<small>NOTES</small>	<small>NOTES</small>
Permit No. _____	Expires: _____ <small>(14) DAY MAXIMUM</small>
<input type="checkbox"/> No Previous Violations	Previous Violation Dates: _____

Menu

Any changes to the menu must be submitted to and approved by
Tribal Health Department, Environmental Health Services at least **10 days** prior to the event.

Main Dishes / Side Dishes	Condiments /Garnishments	Snack Foods	Beverages

Note: Vendor may be required to provide proof of purchase from an approved source for food items.

Preparation of menu items

Location of Food Preparation: On-Site at event in Licensed Kitchen

If preparing food in a kitchen, name and address of kitchen: _____

- Food **can not** be stored, prepared, or cooked in a private home.

Dates and times of food preparation in the kitchen:

Date	Time	Date	Time

Please check applicable boxes for each category

1. Temperature Control Methods

Cooking and/or re-heating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Oven <input type="checkbox"/> Propane Burner <input type="checkbox"/> Wok <input type="checkbox"/> Other	<input type="checkbox"/> Grill / BBQ <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Steam Table <input type="checkbox"/> Stove / Oven <input type="checkbox"/> Wok <input type="checkbox"/> Other	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Freezers <input type="checkbox"/> Insulated Ice Chest w/ Ice No. of Ice Chests _____ <input type="checkbox"/> Other	<input type="checkbox"/> Hold Holding Warmer <input type="checkbox"/> Cambros <input type="checkbox"/> Insulated Ice Chests <input type="checkbox"/> Other

2. Food Booth Enclosure / Concession Trailer

<input type="checkbox"/> Food Booth: Screening on 3 sides, overhead covering, flooring, door <input type="checkbox"/> Tent: Screening on 3 sides, ground cover, flooring, overhead covering, door <input type="checkbox"/> Concessions Trailer
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3. Ware Washing

<input type="checkbox"/> Sanitizing pail with 50 PPM Chlorine _____ <input type="checkbox"/> Three-compartment Sink at site _____ <input type="checkbox"/> Other
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4. Hand-washing Facilities

<input type="checkbox"/> Portable commercial hand sink connect to potable water <input type="checkbox"/> Permanent sink in food booth connected to potable water <input type="checkbox"/> Hand sink inside of a concession trailer/mobile food unit _____	<input type="checkbox"/> Gravity flow container temporary hand wash set up _____ <input type="checkbox"/> Commercial portable hand wash system <input type="checkbox"/> Other: _____
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5. Water Supply

<input type="checkbox"/> Public water system connected to hose bib at event site <input type="checkbox"/> Commercially packaged bottled water <input type="checkbox"/> Water brought from home <input type="checkbox"/> Water company <input type="checkbox"/> Well	<input type="checkbox"/> Holding tank filled at base of operation or commissary <input type="checkbox"/> Holding tank filled at approved business, e.g. RV Park <input type="checkbox"/> Other: _____
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6. Power Source

<input type="checkbox"/> Temporary electrical connection <input type="checkbox"/> Portable generator	<input type="checkbox"/> Propane <input type="checkbox"/> Other
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