

# Application to Operate a Temporary Food Establishment



**THIS APPLICATION IS NOT A PERMIT, YOU MAY NOT OFFER TEMPORARY FOOD SERVICE UNTIL A PERMIT OR PERMIT NUMBER IS ISSUED. PERMIT MUST BE POSTED IN THE FOOD BOOTH DURING OPERATION**

- A Completed application should be submitted at least one week prior to the event. Applications received less than 7 days prior to the event will be assessed a late fee of 50%.
- Applications received less than 3 days prior to the event may not be accepted.
- Applications cannot be accepted until an approved Event Coordinator Application has been approved.
- Non-legible or incomplete applications will not be approved.
- An inspector may contact you prior to approval for clarification.
- If you have not received your permit to the event, call (907)343-4200.

Operator Information	Event Information
Name of Owner and DBA:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Phone Number: Email Address:	City:
Type of Organization:	Time of arrival/setup: Time(s) of food service:
Event Organizer's Name:	Dates of Event:
On-Site (Person-in-Charge) email address:	Facility Location <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors If outdoors, what type of surface is the facility constructed on? Asphalt Gravel Grass Dirt Other _____
On-Site Contact Cell Phone:	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Push Cart <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Building <input type="checkbox"/> Other _____

**For Office Use Only:**

Permit Category _____	Fee Received: \$ _____	Late Fee: \$ _____	Check#: _____
Received By: _____	Date Received: ___/___/20__	Receipt #: _____	Invoice #: _____
District: _____	Owner ID: _____	FA _____	Acct#: _____
Approved by: _____	Date: ___/___/20__		

**PERMIT FEES: May be paid by check mailed to MOA; or by check, cash or credit card at the Health Department**  
 Temporary Food Establishment – operating one day; the Permit Fee is \$35  
 Temporary Food Establishment – operating 2 – 4 days consecutively; the Permit Fee is \$50  
 Temporary Food Establishment – operating 5 – 21 days consecutively; the Permit Fee is \$75  
 Temporary – Seasonal Permit Fee vary with Risk Type

<p><b>Utensils and Equipment</b></p> <p><input type="checkbox"/> Multi Use Utensils</p> <p><input type="checkbox"/> Other: _____</p> <p>Ware Washing Set Up: Three compartment sink Three Portable Basins Other: _____</p> <p>Sanitizer used: <input type="checkbox"/> Chlorine _____ ppm   <input type="checkbox"/> Quat _____ ppm</p> <p><b>*Test Strips for sanitizer required onsite.</b></p>	<p><b>Handwashing Facilities</b></p> <p><input type="checkbox"/> 5 Gallon, Gravity-fed unit with Continuous Flow Spigot bucket</p> <p><input type="checkbox"/> Self-contained portable unit. Potable water circulation system requires coliform testing, submit results with this application.</p> <p><input type="checkbox"/> Plumbed with hot and cold water under pressure</p> <p><b>Handwashing facilities must provide hand soap, single-use towels, trash receptacles, and waste water buckets. Hand Sanitizer cannot be used in place of handwashing with soap.</b></p>
<p><b>Equipment used transport food to the event:</b></p>	<p><b>Thermometers Used:</b>   <input type="checkbox"/> Small Diameter Digital Stem Thermometer</p> <p><input type="checkbox"/> Bi-Metalic Stem Thermometer   <input type="checkbox"/> Other _____</p>
<p><b>Toilet Room for Food Employees</b></p> <p>Provided by:   <input type="checkbox"/> Event Coordinator   <input type="checkbox"/> Operator</p> <p>Distance of toilet room from the food booth: _____ feet</p>	<p><b>Electrical Source</b></p> <p><input type="checkbox"/> Electricity, Utility</p> <p><input type="checkbox"/> Electricity, Generator</p> <p><b>Ensure that generator does not violate AMC 15.50 Noise Control.</b></p>
<p><b>What is the source for water used for food prep, handwashing, and warewashing?</b></p> <p><input type="checkbox"/> Private Well   <input type="checkbox"/> Municipal Water Supply</p> <p><input type="checkbox"/> Other _____</p>	<p><b>How and where will the garbage be disposed of:</b></p>
<p><b>Person In Charge:</b></p> <p>Name: _____</p> <p>Certificate Number: _____</p> <p>Date: ___/___/20__</p> <p><b>Provide a copy of a MOA Food Worker Card or Cert. Food Manager Card for Person in Charge.</b></p> <p># of volunteers/employees who will be working: _____</p> <p><b>*A Person in Charge must be on-site at all times.</b></p>	<p><b>How and where will liquid waste (gray water, grease, oil) will be disposed:</b></p> <p><b>*Cannot be dump on the ground or in storm drains.</b></p>

**All food must be stored and prepared on site or in a pre-approved kitchen facility or commissary.**  
**\*Attach a copy of the Approved Facility/Commissary Letter if any food is to be prepared off-site in advance\***  
**Name/Location of Approved Kitchen or Commissary:**

**SIGNATURE REQUIRED:**

A temporary food establishment permit will not be issued unless this application meets all local applicable requirements in Anchorage Municipal Code (AMC) 16.60 and the permit has been signed and approved. The undersigned is aware that non-compliance may result in closure of the temporary food establishment.

\*Applicant's Name and Date: \_\_\_\_\_

\*Applicant's Signature: \_\_\_\_\_

**2013 FDA  
Food  
Code**



**AMC 16.60  
Anchorage  
Food Code**



**AMC 15.80  
Noise  
Emissions  
Standards**

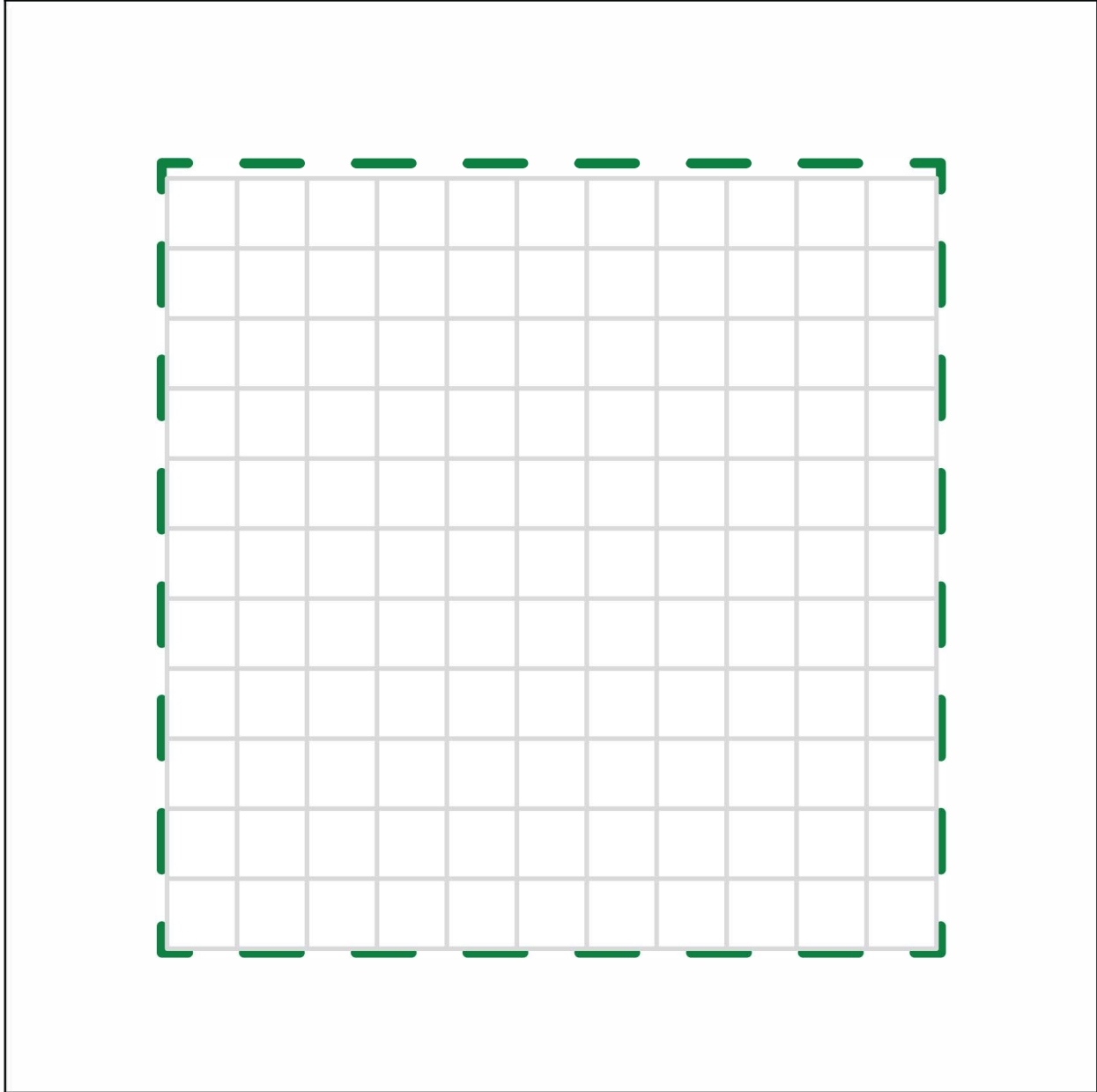


**FAQ  
&  
Checklist**



# Booth Layout

Provide a basic floor plan showing the location of equipment to include: handwashing stations, dishwashing, hot and cold holding, storage of single service utensils, cups, plates, trash cans, and cooking equipment. **Example on the reverse of the this page.** An accurate representation is required, but does not need to be to scale.

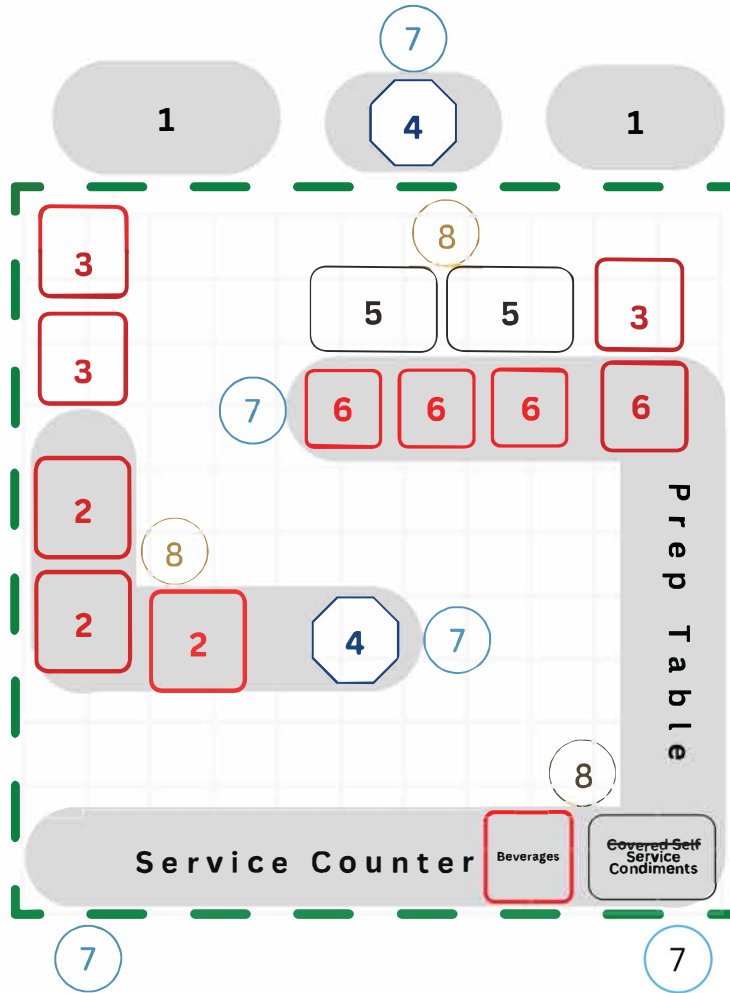


## Equipment Key:

- |   |   |   |  |   |        |
|---|---|---|--|---|--------|
| 1 | Cooking Equipment:<br>Grill, Oven, Fryer, Gas Burners, other          | 5 | Single Service Items:<br>Utensils, Cups, plates, boxes, additional equipment |   |        |
| 2 | Hot Holding Equipment:<br>Steam Table, Oven, Gas Burner, Grill, other | 6 | Dishwashing Station:<br>(Wash, Rinse, Sanitize, Air Dry)                     |   |        |
| 3 | Cold Holding Equipment:<br>Refrigerator, Ice Chest, other             | 7 | Trash Can  |   |        |
| 4 | Handwashing stations  | 8 | Sanitizer Bucket   | 9 | Other: |

----- = covered area

## BOOTH LAYOUT EXAMPLE



### Equipment Key:

- |   |   |   |  |
|---|---|---|--|
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|   |   | 9 | Other:   |

----- = covered area

## How To Infographics

ILL FOOD-  
WORKERS



HANDWASH  
STATION



THERMO-  
METERS



COOKING  
TEMPS



HOLDING  
TEMPS



SANITIZER



DISH-  
WASHING



- Food safety infographics are available at [www.muni.org/foodinfo](http://www.muni.org/foodinfo)
- The Anchorage Fire Department can be reached at (907) 267-4900 for questions about the use of electricity, gas, open flame, and generators.

# Foods, Ingredients, and Process Flow

The items listed are the only foods, beverages and ingredients you may offer at the temporary event.

Menu Item	Components of Menu Item
<i>(Example) Nachos</i>	<i>Tortilla chips, shredded cheddar cheese, ground beef, canned black beans, sour cream</i>

## How are foods prepared?

Cooling for later service is not allowed on-site at a temporary event.

Food Prepared:	When & Where purchased. (Retain receipts for proof of purchase)	On or Off-site prep	Final Cooking Temperature:	Cooling at Commissary	Transport to event: Hot/Cold Temperature:	Reheating Temperature at Event	Holding Temperature at Event	Hot/Cold Holding Equipment used at Event
Ground beef	02-31-2023, 5pm COSTCO-DIMOND	OFF	155°F	YES	41°F	165 °F	135 °F	Electric Roaster



Anchorage Health Department  
 Environmental Health Services  
 Food Safety & Sanitation Program  
 825 "L" Street  
 P.O. Box 196650 Anchorage Alaska 99519-6650  
 muni.org/food  
 Ph. 343-4200 FAX 343-4786



## Approved Facility/Commissary Application

A commissary is a food establishment where support services are provided to one or more caterers, vending machines, mobile food units, limited food services, kiosk, or temporary food services. If a commissary is used to support a facility or function, it is subject to inspection and regulation under the Anchorage Food Code.

Facility Name: FA \_\_\_\_\_

Approved Facility /Commissary Name & Address: \_\_\_\_\_

\_\_\_\_\_

Foods that will be stored and/or prepared at approved facility or commissary:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates and times of food storage and/or preparation:  
 (Expect an inspection during these times)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Commissary Owner/Manager  
 Name:

\_\_\_\_\_

Phone # \_\_\_\_\_

Temporary Event Vendor

\_\_\_\_\_

Phone # \_\_\_\_\_

Signature of Commissary  
 Owner/Manager:

\_\_\_\_\_  
 I agree to allow food storage and/or preparation at this facility by the applicant. Date:

Signature of Temporary Event Vendor:

\_\_\_\_\_  
 I agree to do all food preparation and storage at this facility or on site.