



# Temporary Food Facility (TFF) Concessionaire Application

RETURN TO THE EVENT COORDINATOR with applicable fees and documentation.

**Application and fees must be submitted to this department by the event coordinator at least 14 days prior to the event.**

1. Name of Event	
Event Name:	Date(s):
Location:	Number of Booth(s):
Food Preparation & Set Up Start Time:	

2. TFF Applicant	
Business Name:	Business Phone #:
Address:	City, Zip Code:
On-site Representative:	Cell/Alternate Phone #:
TYPE: <input type="checkbox"/> For-profit <input type="checkbox"/> Veteran Exempt <input type="checkbox"/> SF Permitted Food Truck - Health Permit #: _____ <input type="checkbox"/> Out of County Permitted Food Truck	

3. Commissary Agreement (if pre-packaged or beverage- MUST put address where product stored- cannot put N/A)	
All food prepared prior to the event and cleaning and sanitizing of equipment/utensils shall be conducted and stored in a facility with a valid health permit. <b>NO HOME FOOD PREPARATION OR STORAGE IS ALLOWED. ALL FOOD MUST BE FROM APPROVED SOURCES.</b>	
Commissary Name:	Date(s) and Time(s) of Use:
Address, City, State, Zip Code:	
Valid Health Permit in the City and County of San Francisco? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Business Account Number (BAN):	Phone #:
<b>The Applicant submitting this application has permission to use the facility for the specified date(s) and time(s). If this permission is rescinded, I will immediately notify the City and County of San Francisco, Department of Environmental Health (415-252-3971).</b>	
Name of Permit Holder or Authorized Kitchen Representative: Print Name: _____ Signature: _____ Date: _____	

4A. Non Pre-packaged Menu Item(s)			
(If needed, attach separate page to include all menu items)			
Food/Beverage Item	Prepared Off-site	Cooking Procedures	Equipment to be used to hold food cold at 45°f or below or hot at 135°f or above
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

4B. Pre-packaged Menu Item(s)			
Food/Beverage Item	Sampling?*	Source(s) of all food/beverages purchased/ prepared: Examples - Restaurant Caterer, Cottage Food Operation, Costco, Distributor/Manufacturer	Equipment to be used to hold food cold at 45°f or below or hot at 135°f or above (Write N/A if shelf stable)
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

\*Explain Sampling Procedure:

**TEMPORARY EVENTS PROGRAM**

### 5. Food Operation Checklist

**All food must be from an approved source or facility.**

- |                                                                                                                                          |            |
|------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1. I understand I cannot prepare food/beverage at home.                                                                                  | ☐ Yes ☐ No |
| 2. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous foods throughout the event. | ☐ Yes ☐ No |
| 3. I am transporting potentially hazardous food cold at 45°F or below or hot at 135°F or above.                                          | ☐ Yes ☐ No |

**HANDWASHING: I am providing the following items within my booth for handwashing:**

(Any booth with open food, sampling, bars or food preparation will be required to set up hand wash station with water temperature of 100°F for handwashing.) *(See example set up below)*

- |                                                                                                                                                                                                                                                                                                                                                                        |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 4. Gravity Flow Handwashing Station which includes all of the below: <ul style="list-style-type: none"> <li>• Insulated Water supply dispenser (minimum 5 gallons) with hands free spigot.</li> <li>• One separate bucket or basin for the collection of rinse/waste water.</li> <li>• Liquid pump soap dispenser.</li> <li>• Paper towels and compost bin.</li> </ul> | ☐ Yes ☐ No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

**OR**

- |                            |            |
|----------------------------|------------|
| 5. Plumbed hand wash sink. | ☐ Yes ☐ No |
|----------------------------|------------|

**UTENSIL WASHING: I am providing the following items within my booth for the sanitary cleaning of food preparation and serving utensils: *(See example set up below)***

- |                                                                                                                                                                                                                                              |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 6. Three (3) deep tubs (basin 6-8 inches minimum): <ul style="list-style-type: none"> <li>• Detergent &amp; Water</li> <li>• Clean Rinse Water</li> <li>• Sanitizing Solution (100ppm Chlorine solution or 200ppm Quat solution).</li> </ul> | ☐ Yes ☐ No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

**BOOTH SET UP: I am protecting the unpackaged food and food preparation areas from insects, dust, and the public by complying with all of the following methods:**

- |                                                                                                                                                                                                                                                                                                                                                              |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <ul style="list-style-type: none"> <li>• A booth with walls and ceiling constructed either of wood, canvas, plastic, or similar material with fine mesh fly screening.</li> <li>• A booth with cleanable flooring - concrete, asphalt, clean tarps and smooth wood are acceptable.</li> <li>• Overhead protection for food/beverage storage only.</li> </ul> | ☐ Yes ☐ No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

**I have read & understood the TFF Concessionaire Operating Requirements & Checklist attached to this form.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Hand Washing Station**

**Utensil Wash Station**

