Temporary Food Booth Application Template

IAW AFMAN 48-147, *Tri-Service Food Code* and DAFI 48-116, *Food Protection Program*

Public Health Flight Contact Information

Phone: 575-904-6593

Email: usaf.cannon.27-somdg.mbx.publichealth@health.mil **TODAY'S DATE:** _____

All Temporary Food Booth Applications must be turned in at least 14 days prior to the event.
Please email applications to ***usaf.cannon.27-somdg.mbx.publichealth@health.mil***.
Allow 7 days for Public Health to process the application.

1. Organization requesting food booth: Food Vendor/Business Name:	
2. Date and time of event:	
3. Location of event:	
4. Point-of-Contact (Name, Phone & Email): Vendor/Business Contact Information:	
5. Population intended to serve (Base, squadron, school, etc.): Estimated number of attendees:	
6. Storage and Transportation Information: (Where will food be stored between procurement and preparation and how will it be transported? (if applicable))	

7. Where will food preparation take place? (Home preparation is only permitted for baked goods. All other food products must be made onsite the day of event or at an approved commercial kitchen)	
8. Describe what will be done with leftover time-temperature control foods: (Plan for multi-day event if applicable)	
9. Describe where food handlers wash their hands: (Handwashing station required, unless alternative option approved by Public Health)	
10. Describe how food contact surfaces will be washed and sanitized:	

1. RETAILER OR DISTRIBUTOR WHERE PRODUCT WAS PURCHASED	**2. FOOD ITEM (List each item separately)**	**3. PRODUCT BRAND, (Address On Label)**	**4. METHOD OF COOKING: HOLDING: STORAGE:**	**5. MANUFACTURE ADDRESS**
Walmart, Costco etc.	Beef Hamburger, Milk, Hot Dog	Beef Brothers Columbia, SC 29207	Cooking: Grill Holding: Warmer Storage: Refrigerator	

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_____ _____

Applicant Signature: Date:

For Public Health Use ONLY:

This temporary food booth has been approved/disapproved and food handlers training has been completed on _____ (must be current within current calendar year).

If training is not completed prior to the event, this application will be considered disapproved.

Please contact Public Health to receive food handler's Training.

_____ _____

Public Health Representative Signature Date: