Bureau of Health
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TEMPORARY FOOD VENDOR APPLICATION

Event Information

Name of Event: _____ Date(s) of event: _____

Location _____
Street Address

Time of Set-up _____

Name of Event Coordinator: _____ Phone Number: _____

Email _____

Applicant Information

Name of Business _____

Address of Business _____
City: _____ State: _____ Zip _____

Contact Person: _____ Phone Number: _____

Email: _____

Name of Food Safety Certified Individual: _____
Attach Certification

Food Information

Will Food Be: Sold ☐ Given Out ☐

Is the Food: Pre-Packaged ☐ Temperature Controlled ☐

Hand Washing

Where will you get your water from? _____

How will you heat your water to 100˚ F for handwashing? _____

Describe your handwashing station _____

How many gallons of water are you bringing? _____

Water/Ice

Where will you be getting the water/ice from? _____

How much water/ice are you bringing?	
What are you using the water/Ice for?	
What are you storing the water/ice in?	

Protection from contamination

How will unpackaged and ready-to-eat foods be distributed and protected from contamination?	
How will condiments be dispensed?	
Are you serving fruits or vegetables?	
Where & how will foods be cleaned?	

Food Storage

At what temperature are you transporting/storing the food?	
What equipment will be used to maintain these temperatures?	
How much time will it take you to transport the food to the event?	

I agree that all refrigeration & cold units must maintain 41˚F or below & have an accurate thermometer. All foods requiring temperature control must be delivered to the event below 41˚F or above 135˚F. Temperatures must be maintained during the event. Out of temperature foods are subject to immediate disposal and may prevent participation. **Yes** ☐ **No** ☐

Cooking/Cooling & Reheating

What raw animal products are you cooking at the event?	
To what temperature and how long are you cooking it?	
What type of thermometer will you be using?	
Are you reheating any foods prior to the event? Describe	
What foods are you reheating?	
What equipment are you using?	

Equipment

Provide a description & quantity of any food equipment you are bringing

Utensils		Mixing Bowls	
Food Storage Containers		Single Serve Items	
Beverage Dispensing Units		Condiment Dispensing Units	
Tables		Other	

Required Enclosures

What type of overhead structure will you use?	
What materials is the structure made of?	
Indicate fire retardant rating.	

Waste

How will waste water be disposed?	
If fry oil is used, how will it be removed?	
Describe your waste receptacle	
How will trash be removed?	

Attachments

*All attachments are **required and must be submitted two (2) weeks prior to the event start date**. Please be aware that if any attachments are missing, your application will be denied. Please check the list below to ensure you have attached all required forms.*

Menu	☐	ServSafe/Food Manager Certificate	☐
Health License from your city/state	☐	Drawing of your set-up	☐
Non-Refundable Payment of $140.00 (*Make all payments out to the City of Lancaster*)	☐		

Disclaimer and Signature

I _____ have read and understood all applicable food code sections and sub-sections and agree to abide by all rules and regulations set henceforth by the Commonwealth of Pennsylvania. I certify that the information above is true and complete to the best of my knowledge.

Signature: _____ Date: _____