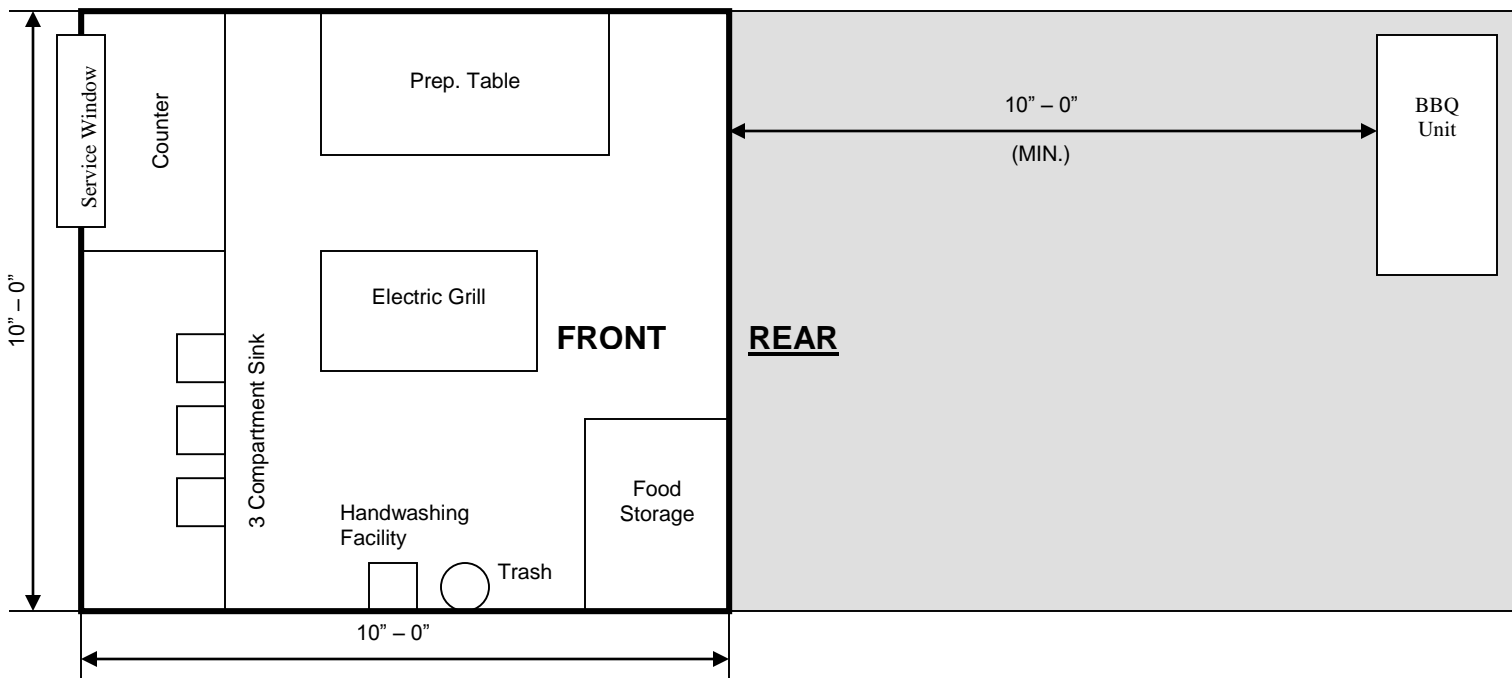
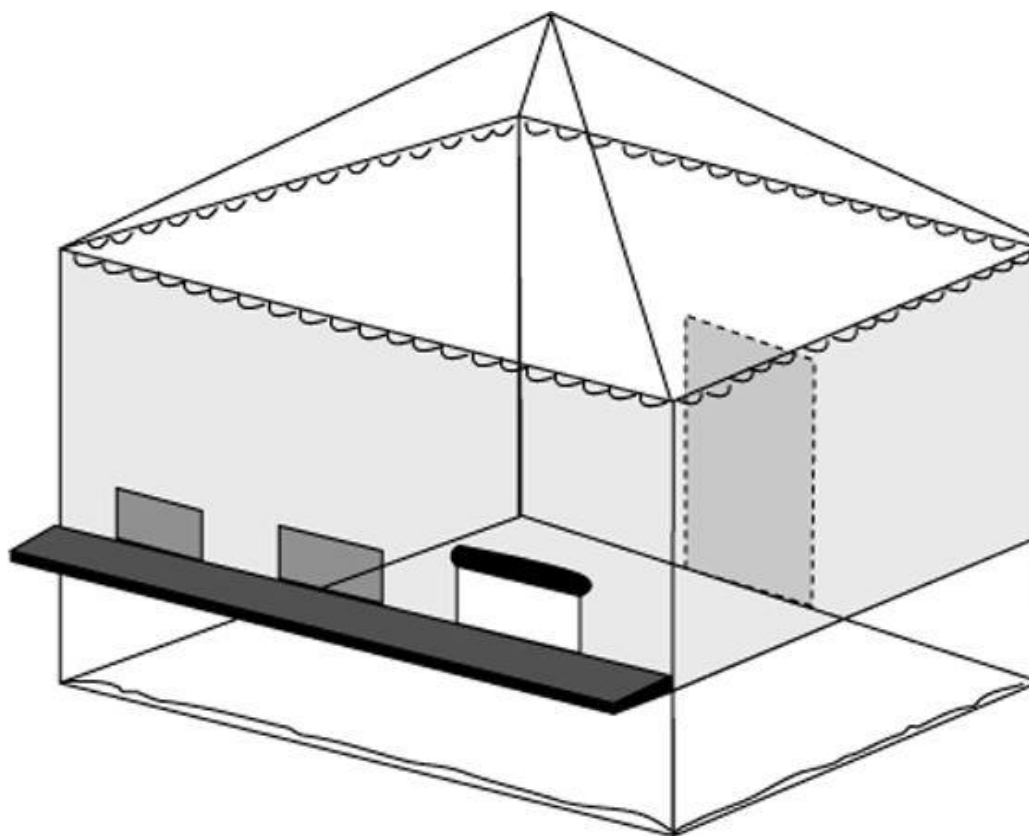


FOOD VENDOR SUPPLEMENTAL APPLICATION
ALL THREE PAGES MUST BE COMPLETED

Example of TFF Setup:

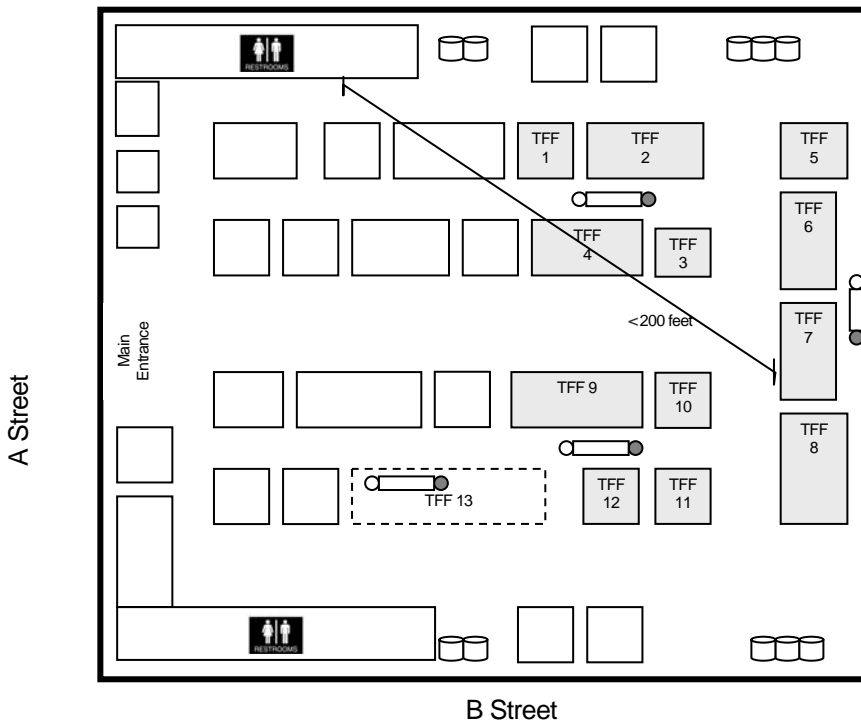


Finish Schedule	Materials
Floor	Plywood, cement, asphalt, plastic tarp
Walls	Plywood, mesh screening, canvas, plastic tarp
Ceiling	Flame proof canvas



DRAWING NOT-TO-SCALE

Example of TFF Event Coordinator Site Plan:



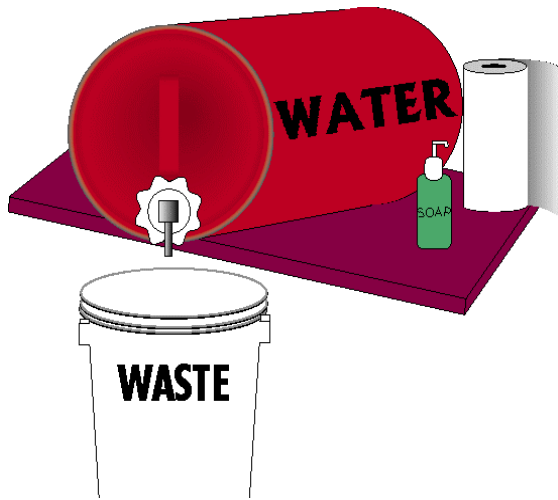
LEGEND

- Fresh Water
- Waste Water
- Warewashing Sink
- Refuse Container
- Restrooms and Handwashing Facilities

- TFF 1 Jeff's Pizza
- TFF 2 Juice for Me
- TFF 3 Chip Chip Cookies
- TFF 4 Grandma's BBQ
- TFF 5 Suds N' Spuds
- TFF 6 Taste Best
- TFF 7 Thai Food
- TFF 8 Earth Foods
- TFF 9 Veggie for Ever
- TFF 10 Popcorn Galore
- TFF 11 All Sandwiches
- TFF 12 BBQ Pork & More
- TFF 13 House of Chicken

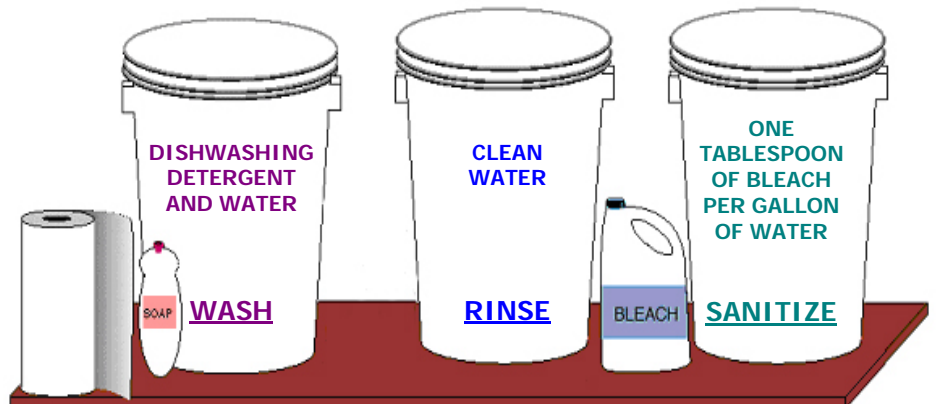
Note:
1. TFF 13 will provide its own warewashing sink

Hand Washing and Warewashing Requirements for Temporary Food Facilities:



Hand Washing Facilities – Provide a 5-gallon water container with a dispensing valve to leave hands free for washing; a wastewater container; soap dispenser and paper towels for hand washing within the food booth.

Warewashing Facilities – Booths with food preparation require three 5-gallon containers for the cleaning of equipment, utensils and for general cleaning purposes. One shall contain soapy water, the second shall contain clean rinsing water, and the other shall contain a bleach/water solution (use 1 tablespoon of household bleach per gallon of water).



NOTE: Additional facilities, such as sink with running water, may be required where there is extensive food preparation or where water power and sewer connections are available

Individual Food Booth Operator

In the area below draw a diagram of the site plan for the food operation at this event. You may use additional paper or a separate pre-printed diagram and submit it with this form. (Include the proposed layout of equipment, food preparation tables, food storage, warewashing, and handwashing)

OPERATIONAL SPECIFICATIONS (Must be completed)

Event Name: BERKELEY JUNETEENTH FESTIVAL

Business Name: _____

Address: _____

Name: _____

Phone Number: _____

The Following shall be completed by the operator of the temporary food facility. Check the box which best explains your operation. More than one answer may apply to a question. If a question does not apply to you, leave it blank.

1. Which one of the following best describes your operation during this event?
 - No cooking; assembly only (Example: Sandwiches, Drinks)
 - Single cooking step and assembly (Example: Burgers)
 - Cooking, cooling, reheating, etc
 - Properly prepackaged potentially hazardous food (Perishable food)
 - Properly packaged non-potentially hazardous food (Non-perishable food)
 - Uncut, whole produce
 - Other _____

2. How will the food be transported and what steps will be taken to prevent contamination of foods?
 - Food is properly covered during transportation
 - Cold/frozen food is maintained at or below 41F during transportation
 - Hot food is maintained at or above 135F during transportation
 - All food preparation takes place in an approved facility or inside the booth
 - Food is obtained from approved sources and not obtained, prepared, and/or stored in private home
 - Outdoor cooking equipment are protected from public access
 - Only approved equipment and containers are used

3. Which one of the following describes your handwashing practices?
 - One handwash sink with 100F running water under pressure is provided inside the booth (Events over 3 days)
 - Warm water in an insulated container with catch bucket is provided (Events less than 3 days)
 - Liquid hand soap and paper towel is provided. Five (5)-gallon water container with a dispensing valve. Catch bucket provided.

4. How will cold potentially hazardous food be maintained at or below 41F?
 - Inside an approved electrical refrigeration unit
 - Stored on ice, inside ice chest
 - Displayed on top of ice
 - Inside refrigerated cart/truck/trailer
 - Inside insulated bag

5. How will hot potentially hazardous food be maintained at or above 135F?

- Inside steam table
- Inside hot holding cabinet/unit/bag
- On top of cooking equipment

6. Where will food be stored when the facility is not in operation?

- Stored inside the booth protected from any type of contamination
- Returned to an approved food facility
- Leftovers are discarded at the end of the day
- Stored inside refrigerated trailer
- Other _____

7. What are the procedures for cleaning utensils and equipment? (Check all applicable.)

- A 3-compartment sink is provided inside the booth
- A centrally located 3-compartment sink exists within 100 feet of the booth (shared by no more than 4 booths)
- Hot water of 120F and cold running water is provided at the sink
- Approved sanitizer such as chlorine is available in the sink
- Sanitizer test strips are provided

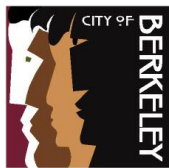
8. What are the procedures for cleaning structure and disposal of waste?

- Inside the booth is cleaned as needed during the event or at the end of each day
- Rubbish is picked up by the event staff or booth operators
- Approved and adequate trash dumpster is provided
- Waste water is properly disposed of

9. What type of material and methods are being used to construct the temporary food facility?

- A durable and readily cleanable floor surface such as concrete, asphalt, wood or tarp is provided
- The booth is fully enclosed
- Pass-through openings are minimum of 432 square inches
- Minimum screening size of 16 mesh is used
- A canopy is provided over the common 3- compartment sink
- Other _____

10. How will waste oils be disposed? _____



Department of Health, Housing and
Community Services / Division of Env. Health
2180 Milvia Street, 2nd floor, Berkeley, CA 94704
Telephone: (510)981-5310 Fax: (510)981-5305
Email: envhealth@ci.berkeley.ca.us

APPLICATION FOR HEALTH PERMIT

TEMPORARY FOOD FACILITY

This Section To be Completed By Applicant - Please Print - Do Not Detach Operator Copy - Health Permits Are NOT Transferable

Name of Event: BERKELEY JUNETEENTH FESTIVAL		Name of Event Coordinator: DELORES NOCHI COOPER	Phone: 5105248804
Event Location: ALCATRAZ @ ADELINE		City: BERKELEY	Zip: 94703
Business Name:	Owner's Name (Authorized Representative):		Phone:
Business Address:		City:	Zip:
Cell Phone:	Email Address:	Fax:	
Owner's Mailing Address:		City:	Zip:
Emergency Contact:		Emergency Phone:	

List of Food Items:

Operation Date(s):	Operation Day(s): <input checked="" type="checkbox"/> Recurring Event (Annual) <input type="checkbox"/> Single Event <input checked="" type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat	Operation Hours: _____ 11 AM / PM to _____ 6 AM / PM
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Any Food Prepared Before the Event: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Provide Name and Address of the Approved Facility:
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Name:

Address:

I Hereby Make Application For A Health Permit and/or Environmental Health Services.

Signature:	Date:
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Print Name:	Title:
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Date of Birth:	Driver's License No:	Federal Tax ID:
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FOR OFFICE USE ONLY

Permit Approved By:	Date:
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Permit Valid Only For A Specific Time Period and Location

Operational Limitation(s):

Permit Number:	Type of Establishment:	Receipt Number:
----------------	------------------------	-----------------

This Application is For:		
<input type="checkbox"/> Prepackaged Food and/or Produce, No Sampling <input type="checkbox"/> All Other Foods, Including Poured Beverages, Unpackaged Samples <input type="checkbox"/> Event Coordinator (Administrator, Organizer, Manager of Community Event)		

Event Frequency: <input type="checkbox"/> Single <input type="checkbox"/> Recurring	Fee Amount: <input type="checkbox"/> Fee Paid <input type="checkbox"/> Fee Unpaid <input type="checkbox"/> Fee Waived
--	--

This Permit is Valid For (Duration):

Sampling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking Limitation:	BBQ: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Operation Specifications Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Date to be submitted:
--	------------------------------

Remarks:

SPECIALIST

FEE

SPECIFICATIONS