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Everyone. Everywhere.

# TEMPORARY EVENT VENDOR PACKET

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Vendors must complete and return **Pages 3 – 5** and **Page 6** (if applicable), along with the application fee to the **EVENT COORDINATOR** no later than \_\_\_\_\_.

(Due date set by Event Coordinator)

The Due Date\* above will allow the Event Coordinator to return all Vendor forms/fees to the Douglas County Health Department **at least** 2 weeks before the event date.

**Event Coordinator Information:**

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

Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

*(Should be filled out by Event Coordinator for your reference)*

\* If Due Date falls on a non-working day (holiday or weekend), all applications, fees and/or required paperwork must be RECEIVED by DCHD on the working day prior to the calendar due date.

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# TEMPORARY EVENT APPLICATION (VENDOR)

**ATTENTION – PLEASE NOTE THE FOLLOWING:**

- ✓ Return completed application & fee to the EVENT COORDINATOR.
- ✓ EVENT COORDINATOR must submit all Applications, Fees, and documentation to DCHD at least **2 WEEKS** before the event.
- ✓ Cottage Food Vendors attending Temporary Events: fill out the “Cottage Food Vendor Packet”.
- ✓ The event coordinator shall provide an approved drain for wastewater and an approved potable water source to use. Wastewater **MUST NOT** be poured down sewers or on the street.
- ✓ Food preparation methods that require a Variance or HACCP are not allowed at Temporary Events (i.e., vacuum packaged foods, sous vide cooking, etc.)
- ✓ A Consumer Advisory must be posted for all foods that are served raw or undercooked (eggs, hamburgers, poke, sushi, etc.)

<p><b>APPLICATION FEE:</b> <input type="radio"/> \$71-Temporary Vendor/Food Sampling  <input type="radio"/> \$0-Non-TCS Prepackaged Food  <input type="radio"/> \$426-Annual Temporary Vendor at a Farmers Market</p> <p># of Booths: _____ X \$ _____ = \$ _____ <b>Total Due with Application</b>  <span style="background-color: yellow; font-weight: bold;">MAKE PAYABLE TO “DCHD” (FEE IS NONREFUNDABLE)</span></p>	<p><b>For Booth Requirements:</b>  Refer to Temporary Event Booth Setup Diagram</p>
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**Temporary Vendor/Food Sampling (\$71 Permit Fee is required if):**

- You are selling or offering TCS Foods (see TCS vs. Non-TCS Foods Flow Chart – pg 8)
- You are providing food samples that are not prepackaged
- You are handling exposed foods for immediate consumption (ex. cutting fudge, popping popcorn onsite, handling drink ice, etc.)

**Non-TCS Prepackaged Food (No Fee required if):**

- You are selling only non-TCS foods (see TCS vs. Non-TCS Foods Flow Chart – pg 8) prepared and packaged by a food processing plant, manufacturer, or a licensed food establishment.
- Non-TCS samples are pre-packaged at a licensed food establishment prior to the event
- There are no exposed foods/no food handling at the event

**Annual Temporary Vendor at a Farmers Market:**

- This permit only applies to Temporary Vendors/Food Samplers that operate at a Farmers Market with an Umbrella Permit for longer than 2 weeks at a time.

Name of Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location of Event: \_\_\_\_\_ Times: \_\_\_\_\_

Name of Vendor Booth: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- ✓ All food preparations must be done in a commercial kitchen (commissary) for temporary events. **NO** Home-Based Operations are allowed per City Ordinance (SEC 11-149).

Name of Licensed Commissary Kitchen: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
Zip

1. Are you the permit holder for the licensed commissary kitchen listed on Page 3?  Yes  No
  - If “no”, you must fill out the Commissary Kitchen Certification form (pg 6) with a notary and the permit holder and provide with application.
  - **Note:** Commissary Kitchen Certification (pg 6) is not required if selling non-TCS prepackaged food that is produced at a licensed manufacturer or co-packer.
  
2. Is the commissary kitchen or manufacturer/co-packer located within Douglas County?  Yes  No
  - If “no”, you must provide a copy of the kitchen permit and a copy of the most recent inspection with application.
  
3. List all food and/or drink items to be served/sold: \_\_\_\_\_  
\_\_\_\_\_
  
4. Describe the method of maintaining temperatures for Hot/Cold foods during transportation to site:  
\_\_\_\_\_
  
5. How will you keep hot foods at 135°F or above at the event? \_\_\_\_\_  
\_\_\_\_\_
  
6. If hot food temperature drops below 135°F, it must be reheated to at least 165°F in less than 2 hours from dropping below 135F. What equipment will you provide that is capable of rapidly reheating foods to 165°F? (Note: Chafers are not sufficient equipment for reheating)  
\_\_\_\_\_
  
7. How will you keep cold foods at 41° F or less at the event? \_\_\_\_\_  
\_\_\_\_\_
  
8. How will you keep food and single use items (paper goods, disposable utensils, etc.) off the ground?  
\_\_\_\_\_
  
9. Describe how you will protect food from customer contamination (lids, sneeze guards, etc.): \_\_\_\_\_  
\_\_\_\_\_
  
10. Where will your approved water source be obtained from? \_\_\_\_\_
  
11. How will food or other solid waste be disposed of? \_\_\_\_\_
  
12. How will wastewater be disposed of? \_\_\_\_\_

**FOR DOUGLAS COUNTY HEALTH DEPARTMENT USE ONLY**

Application Fee:

Rcd By: \_\_\_\_\_ Date Rcd: \_\_\_\_\_ Amount Rcd: \$ \_\_\_\_\_  
(Initials)

Approved  Denied \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)

Check # \_\_\_\_\_  Cash  MO



# TEMPORARY FOOD SERVICE REQUIREMENTS (VENDOR)

**Sign and return this form to the EVENT COORDINATOR**

## NOTICE

*Food handling activities in a private residence resulting in commercial sales are prohibited under State and Local Food Codes. All temporary food service operations must originate from a licensed commissary kitchen.*

### **Vendors cannot begin selling or serving food to the public until all requirements have been met:**

- Each vendor involved in food handling or preparation is to provide a three-bucket system (5 gal. buckets) for washing, rinsing, and sanitizing utensils and equipment. Provide dish detergent and regular bleach (NOT low splash, splash-less or scented) for washing and sanitizing. Provide a chlorine test kit for mixing the bleach sanitizer to 50-100 ppm - these are available at restaurant supply outlets. If a sanitizer other than bleach is used, provide, and use the appropriate test kit. Store wiping cloths in the sanitizer solution and change bucket solutions when they become soiled.
- Provide a handwashing station consisting of a covered container dispensing warm water through a continuous flow spigot and draining into a catch basin. Provide hand soap and paper towels for washing and drying of the hands.
- Thermometers are needed in all coolers, keep cold foods at 41°F or less and hold hot foods at or above 135°F. Provide a probe thermometer (0°F-220°F) for monitoring food temperatures. Equipment must be in good working order to properly maintain safe food temperatures.
- Hot and cold foods must be transported to the site in insulated containers capable of properly maintaining safe food temperatures (such as Cambro units).
- Use effective hair restraint (hairnets or ball caps).
- Avoid direct food handling; use utensils or disposable gloves.
- Samples must not be larger than 1" by 1" cubes or 1 ounce and vendor must provide disposable items for each sample (toothpicks, small cups, tissue paper, etc.)
- Keep foods covered and store foods at least 6" above the floor or ground. Use handled scoops for ice service. Ice must be obtained from approved commercial sources.
- Store single use food service items in original packaging to protect from contamination. Dispense single service eating tableware handle up and plates inverted on clean surfaces.
- Use food-grade hoses or food grade containers to transport potable water.
- Provide adequate covered trash disposal containers.

All Vendors that handle exposed foods at the Temporary Event must provide and use the hand washing and dish washing setup as shown in the Diagram on Page 7.

**Hand Sanitizer is NOT an approved substitute for Hand Washing**

### **REMEMBER - Do not handle foods if:**

- ✓ You have a skin infection or infected wounded on hands or arms.
- ✓ You have a respiratory illness and/or a fever.
- ✓ You have an upset stomach, vomiting and/or diarrhea within 24 hours.
- ✓ You suspect that you have any communicable illness.

**I have read, understand, and will follow the Temporary Food Service Requirements stated above and understand that if I do not meet these requirements within an hour after the event starts, I will not receive a permit to operate at the event.**

Printed Name: \_\_\_\_\_ Booth name: \_\_\_\_\_

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



**\*\* MUST COMPLETE THIS FORM PRIOR TO RECEIVING A PERMIT \*\***

# COMMISSARY KITCHEN CERTIFICATION

**Temporary Vendors:** Complete and attach to Temporary Event Application and return to Coordinator

**Annual Vendors:** (Mobile Trucks/Caterers, etc.) Complete form and Mail or Deliver to:

DCHD Food Safety & Compliance, 1111 So. 41<sup>st</sup> St., Ste 130, Omaha, NE 68105

## STATEMENT OF RECORD

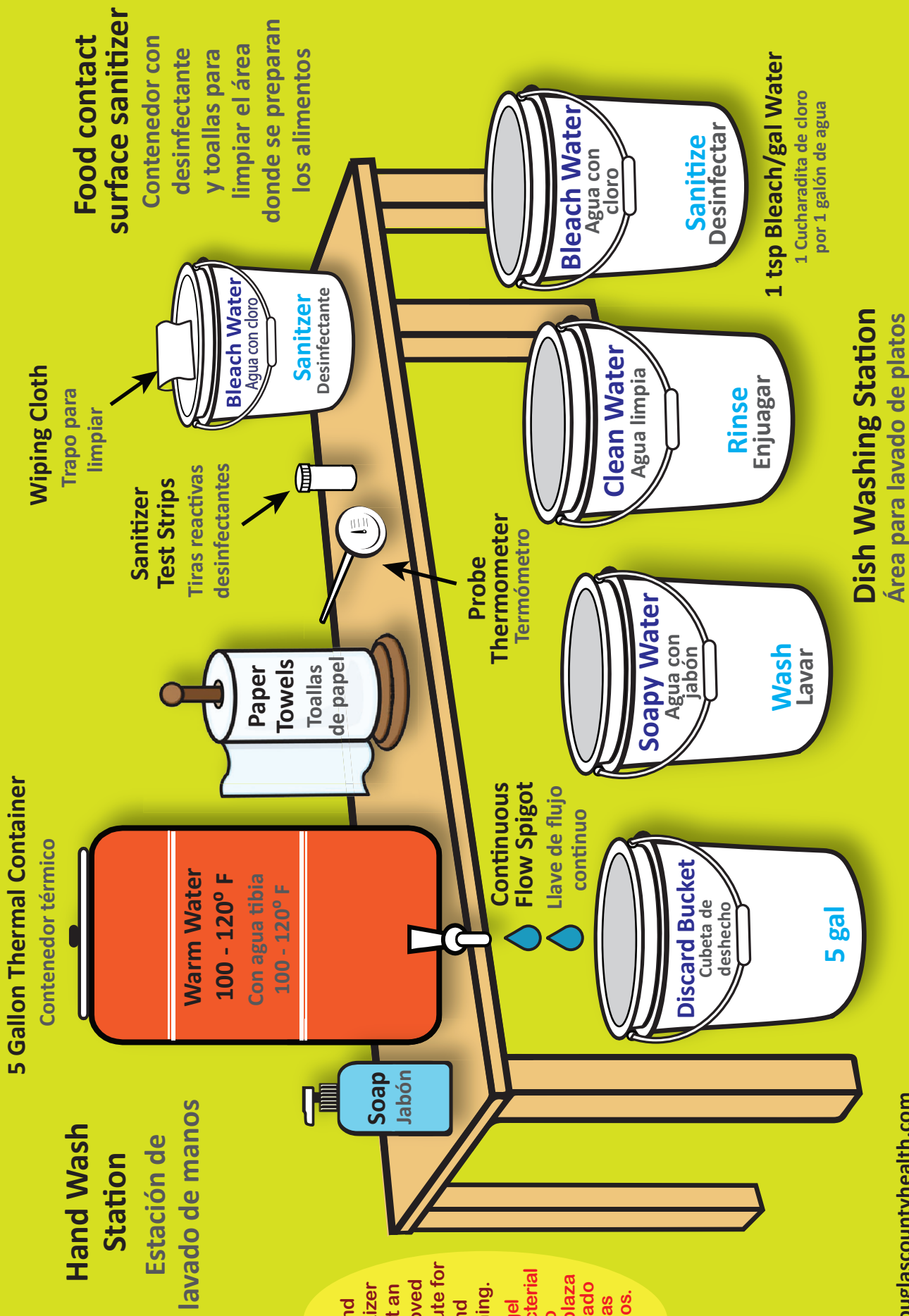
This is to certify that: (Applicant) \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address	City	State	Zip	Phone
will use the below listed establishment as an approved commissary to supply foods for the purpose of Food Catering, Food Processing/Warehousing, Mobile Food Vending, or Temporary Foodservice in Douglas County or the Omaha City limits. If the applicant ceases to use the establishment as their approved commissary or if the establishment's license is no longer valid, the licensed establishment owner shall notify the Health Department immediately at (402) 444-7480.				
Applicant's Signature: _____ Date: _____				
*****				
Business Name of Licensed Commissary (Commercial Kitchen)				
Address	City	State	Zip	Phone
Printed Name of Licensed Commissary Owner				
<b><u>Licensed Commercial Establishment (Commissary) Owner must sign in front of Notary.</u></b>				
<b><u>ACKNOWLEDGEMENT</u></b>				
State of Nebraska, County of _____				
The foregoing instrument was acknowledged before me this _____ (Date)				
by _____				
<b>Signature of Licensed Commissary Owner (TO BE NOTARIZED)</b>				
Notary Public Signature			Affix Seal Here	
<b><u>FOR DOUGLAS COUNTY HEALTH DEPARTMENT USE ONLY</u></b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____				
Reviewed By: _____ Date: _____				

# Temporary Event Booth Setup

Cómo instalar la mesa para la venta de alimentos en eventos temporales



Hand Sanitizer is not an approved substitute for hand washing.  
El gel antibacterial no reemplaza el lavado de las manos.



## Time and Temperature Control for Safety Foods

Use the chart below to determine if your food is considered a Time/Temperature Control for Safety (TCS) Food. If you need assistance in determining whether your food is TCS or non-TCS, please call DCHD at (402) 444-7480.

