

**DELAWARE DIVISION OF PUBLIC HEALTH
HEALTH SYSTEMS PROTECTION
ENVIRONMENTAL HEALTH FIELD SERVICES**

APPLICATION FOR PERMIT TO OPERATE TEMPORARY FOOD ESTABLISHMENT

PLEASE COMPLETE AND RETURN TO THE ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE
LOCATED IN THE COUNTY IN WHICH THE TEMPORARY FOOD ESTABLISHMENT WILL BE OPERATED.

EHFS New Castle County
Limestone Prof. Ctr., Suite 100
2055 Limestone Road
Wilmington, DE 19808
Phone: 302-995-8650
Fax: 302-995-8323

EHFS Kent County
Williams State Serv. Ctr.
805 River Road
Dover, DE 19901
Phone: 302-739-5305
Fax: 302-739-7013

EHFS Sussex County
Georgetown State Serv. Ctr.
544 South Bedford Street
Georgetown, DE 19947
Phone: 302-856-5496
Fax: 302-856-5065

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

Location of Event: _____

Business / Organization Name: _____ Phone # : _____

Contact Person: _____ Day Phone # : _____ Fax # : _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person-in-Charge of this Temporary Food Estab at Event: _____

Proposed Menu: _____

Site of Food Preparation (if other than Event location): _____

Source of Foods (including milk, ice): _____

Source of Water: _____

Methods used for cooking food to required temperatures: _____

Methods used for maintaining cold food at 41° F or lower: _____

Methods used for maintaining hot food at 140° F or above: _____

Hand washing Facilities (Describe): _____

Utensil washing Facilities (Describe): _____

In applying for a Temporary Food Establishment permit, I understand that failure to comply with all food safety requirements may result in the suspension of the permit, at which time all food operations must cease, until corrective action is taken and approved.

Signature and Title of Applicant **Date**

<< FOR OFFICIAL USE ONLY >>

Application Reviewed: _____ Applicant Interviewed: _____ Application Approved by: _____ Date: _____

Approved with Following Revisions: _____

Risk Rating: PHF _____ + ER _____ + OR _____ = _____