



# Erie County Department of Health

606 West Second Street

Erie, PA 16507

Phone: 814/451-6700 • Fax: 814/451-6775

## APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT LICENSE

READ CAREFULLY, incomplete applications will not be processed.

- This application must be complete and submitted to the Erie County Department of Health (ECDH) at least 7 days prior to the first day of the event.
- License fees must be submitted with application.
- License fees are based on days of operation: 1-2 days, \$40 per establishment; 3-7 days, \$80 per establishment; 8-14 days, \$140 per establishment.
- Fees are **nonrefundable**.
- Late applications are subject to a late fee of \$15 per vendor and may not be approved.
- Establishments may not serve food to the public until a license is issued.
- A temporary license will not be issued until all requirements of 7 PA Chapter 46 and all applicable laws are met.
- Establishments will be inspected on the first day of the event. Establishments arriving later than one hour past the event start time may not be inspected or licensed on that day and, therefore, will not be able to operate.

Name of Event		Event Location		
Event Date(s)	Setup Time	Food Prep Time	Event Start Time	Event End Time

Name of Food Establishment		Owner Name		
Mailing Address				
City, State, Zip		Email		
Name of Person in Charge		Person in Charge Phone		

<p><b>Type of Handwashing Facility</b></p> <p><input type="checkbox"/> Gravity-fed water container with spigot/waste bucket</p> <p><input type="checkbox"/> Self-contained portable unit (with potable water and wastewater holding tanks)</p> <p><input type="checkbox"/> Plumbed with hot and cold water under pressure</p> <p>Hand soap, single-use towels and trash receptacle must be provided at all handwashing sinks.</p>	<p><b>Liquid Waste Removal</b></p> <p><input type="checkbox"/> Public sewer disposal</p> <p><input type="checkbox"/> Private sewer disposal</p> <p><b>Water Supply</b></p> <p><input type="checkbox"/> Regulated water supply (ex: municipal water, regulated well)</p> <p><input type="checkbox"/> Private water supply* List location _____</p> <p>* Water test must be performed</p>
<p><b>Utensils and Equipment</b></p> <p><input type="checkbox"/> Single-serve eating and drinking utensils</p> <p><input type="checkbox"/> Multi-use kitchen utensils</p> <p><b>Type of Utensil Washing Setup</b></p> <p><input type="checkbox"/> Three-basin setup</p> <p><input type="checkbox"/> Shared three-basin setup</p> <p><input type="checkbox"/> Three compartment sink within a food establishment</p> <p><b>Sanitizer to be Used</b></p> <p><input type="checkbox"/> Chlorine      <input type="checkbox"/> Quaternary Ammonium</p>	<p><b>Food Employee Certification</b></p> <p>Certified food manager must be available on site for duration of event (Food Code 2017)</p> <p>Name: _____</p> <p>Note: Official non-profits are exempt</p>

Food Item	Source of Food	Preparation		Transportation	Hot or Cold Holding Method
		Off-Site – When/Where*	On-Site Description		

\* If prepared off-site, submittal of a copy of the license for off-site facility is required if it is not licensed by ECDH.

Note: Noncompliance may result in closure of the establishment or prosecution.

Owner/Operator name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (print)