



Temporary Food Facility (TFF) Concessionaire Application

RETURN TO THE EVENT COORDINATOR with applicable fees and documentation.

Application and fees must be submitted to the event coordinator at least 14 days prior to the event.

1. Name of Event	
Event Name:	Date(s):
Event Location:	Number of Booth(s):
Food Preparation or Set Up Start Time at Event:	

2. TFF Applicant	
Business Name:	Business Phone #:
Address:	City, Zip Code:
On-site Representative:	Cell/Alternate Phone #:
Email:	
Vendor Type: ☐ For-profit ☐ Veteran Exempt ☐ Non-Profit	

3. Commissary Agreement (Where food is prepared, stored, or purchased)	
All food prepared prior to the event and cleaning and sanitizing of equipment/utensils shall be conducted and stored in a facility with a valid health permit. NO HOME FOOD PREPARATION OR STORAGE IS ALLOWED. ALL FOOD MUST BE FROM APPROVED SOURCES.	
Commissary Name or Food Facility:	Date(s) and Time(s) of Use:
Address, City, State, Zip Code:	Phone #:
The Applicant submitting this application has permission to use the facility for the specified date(s) and time(s). If this permission is rescinded, I will immediately notify the City and County of San Francisco, Department of Environmental Health (415-252-3971).	
Name of Permit Holder or Authorized Kitchen Representative (Signature required for food preparation and food/equipment storage): Print Name: _____ Signature: _____ Date: _____	

4A. Non Pre-packaged Menu Item(s) (If needed, attach separate page to include all menu items)			
Food/Beverage Item	Prepared Off-site	Cooking Procedures	How will you hold food cold at 45°F or below or hot at 135°F or above?
	Yes ☐ No ☐		
	Yes ☐ No ☐		
	Yes ☐ No ☐		

4B. Pre-packaged Menu Item(s)			
Food/Beverage Item	Sampling?*	Food Storage Location Prior to Event?	How will you hold food cold at 45°F or below or hot at 135°F or above? N/A if shelf stable
	Yes ☐ No ☐		
	Yes ☐ No ☐		

***Sneeze guard required for sampling non-prepackaged food on front table of TFF.**

Sampling Procedure: _____

TEMPORARY EVENTS PROGRAM

Phone (415) 252-3800

49 South Van Ness Ave, Suite 600, San Francisco, CA 94103

Fax (415) 252-3842 (5.7.21)

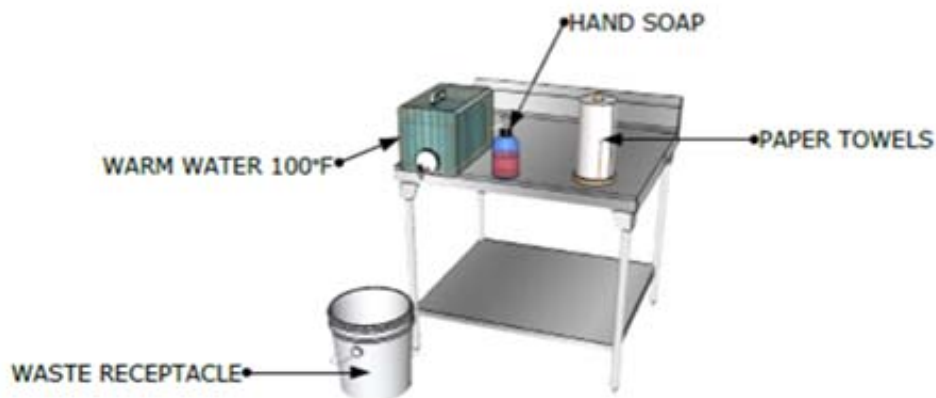
5. Food Operation Checklist	
1. I understand I cannot prepare food/beverage at home.	☐ Yes ☐ No
2. I will provide a calibrated probe thermometer to measure the hot and cold potentially hazardous foods throughout the event.	☐ Yes ☐ No
3. I am transporting and maintaining potentially hazardous food cold at 45°F or below or hot at 135°F or above.	☐ Yes ☐ No
4. I will not sell or give away packaged or bottled water 1 liter or less.	☐ Yes ☐ No
5. HANDWASHING: I am providing a hand wash station (Any booth with open food, sampling, bars or food preparation will be required to set up hand wash station.) I will set up a Gravity Flow Handwashing Station which includes all of the below: • Insulated 5 gallon Water Dispenser with hands free spigot • Warm water between 100°F – 108°F • One separate bucket or basin for the collection of waste water • Liquid pump soap • Paper towels and compost bin	☐ Yes ☐ No
6. I am a booth serving only pre-packaged food or beverage and am not opening the product for distribution or sampling.	☐ Yes ☐ No
7. UTENSIL WASHING: I am providing the following items within my booth for the sanitary cleaning of food preparation and serving utensils: (<i>See example set up below</i>) Three (3) deep tubs (basin 6-8 inches minimum): • Detergent & Water • Clean Rinse Water • Sanitizing Solution (100ppm Chlorine solution or 200ppm Quat solution).	☐ Yes ☐ No
8. BOOTH SET UP: I am protecting the <u>unpackaged food</u> and food preparation areas from insects, dust, and the public by complying with the following methods: • A booth with walls and ceiling constructed either of wood, canvas, plastic, or similar material with fine mesh fly screening. • A booth with cleanable flooring - concrete, asphalt, clean tarps and smooth wood are acceptable. • Overhead protection for food/beverage storage only and pre-packaged food or beverage sales/service.	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

I have read & understood the TFF Concessionaire Operating Requirements & Checklist attached to this form.

Applicant Signature: _____ Date: _____

Print Name: _____

Hand Washing Station



Utensil Wash Station

