

# 2011 SPRINGFIELD TOWNSHIP

## TEMPORARY HEALTH LICENCE APPLICATION

"PLEASE PRINT"

\*\*\* PLEASE COMPLETE THIS APPLICATION AND RETURN TO SPRINGFIELD TOWNSHIP HEALTH DEPARTMENT THREE (3) WEEKS PRIOR TO THE EVENT. APPLICANTS NOT HAVING SUBMITTED THEIR APPLICATION ON TIME OR NOT COMPLETELY FILLED OUT MAY NOT BE APPROVED TO PARTICIPATE. \*\*\*

Applicant Name:	Phone:
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Name of Event:
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Location of Event:
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Name of Food Facility:
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Coordinator:	Phone:
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Date(s) of Event:
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Hours of Event: _____ am _____ pm
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Name of Certified Food Manager: Attach copies of certification(s)	Phone:
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Set up Time:	Break Down Time:
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Will food be cooked off site: Yes or No (circle one)
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*** If yes, Name, address and phone # of facility:
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### Cooked Foods

What method of heating source will be used to maintain Hot holding temperatures @ 135 degrees or more?
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What method of cooling source will be used to maintain Cold holding temperatures @ 41 degrees or less?
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### Uncooked Foods

How will food(s) be protected?
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How will foods be displayed:
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Type of eating utensils:
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**Temporary Event Application Page 2**

Ware wash set up: Manual vs. Mechanical

Source of Potable Water:

Source of Ice:

How will left over foods be disposed of:

How and where will food handlers wash their hands:

Where will the location be and how many restroom facility's will be provided:

Where and how will patrons wash their hands:

How will garbage be disposed of both liquid and solid:

**Provide list of menu items served (attach additional sheets if needed):**

\* \* \* \* **IMPORTANT NOTICE** \* \* \* \*

- **Vendors not licensed by Springfield Township must provide the following documentation:**
  - **Current** copy of Food Establishment License from issuing governmental agency. (State, County, or Local Health Agency)
  - **Current** copy of Certified Food Managers Certificate from issuing governmental agency. (State, County, or Local Health Agency)
- \* **Most recent copy of Food Establishments inspection report.**
- **Each vendor must have a stem thermometer(s)/thermocouple to maintain temperature at safe levels**
- **Each vendor must have means to wash their hands and sanitizer solution available during the event**
- **Each vendor serving food product that requires no further cooking (ready to eat) must use gloves, tongs, spatulas, or deli paper to provide a clean barrier between hands and food items**
- **Refuse and recycling containers must be provided and trash disposed of in accordance with Springfield Township Ordinances**

Signature of applicant:

Date:

**To be completed by the Health Officer**

Application Received:

Fee Paid:

Application Approved:

Denied:

Signature of Health Officer:

Comments:



To: Coordinator of Special Events  
From: Lori Devlin, Springfield Township Health Officer  
Re: Food/Beverage Concessions

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Attached you will find:

- 1) The coordinator's list of **ALL** concessionaires participating and the food/beverage items being offered. This list should be prepared by **THE COORDINATOR** and submitted to this office at least **three weeks** before the event.
- 2) Accompanying the list of concessionaires please submit a site plan for the event designating where each food concession will be stationed.
- 3) Provide Menu and details of each concession stand (form attached).

*Please advise each of the concessionaires not licensed by Springfield Township that they must have a current, valid food establishment license from the Municipality or County where they are located when they submit their application. Any concession not meeting the requirements of Springfield Township will not be allowed to operate during the event.*

- 4) A **\$151 license application fee** must accompany each concessionaire's application.
- 5) The Concessionaire's Guidelines for Operating a Temporary Concession.

