

Phone Consultation (Benevolent)

# **TEMPORARY RESTAURANT APPLICATION**

THIS LICENSE CAN ONLY BE ISSUED IN CONJUNCTION WITH A TEMPORARY COMMUNITY EVENT AT LEAST <u>ONE</u> PERSON WITH A FOOD HANDLER CARD MUST BE PRESENT AT ALL TIMES

1 29.2	Out of Count → EIN/Tax-E	•		Contig	uous to f	acility	_	mittent sonal	Operational Review:includedon file	
Event Name:					Dates and Hours of Event:					
Event Address:										
Business/Organization Name:							Email:			
Applicants Name:								Phone #:		
Mailing Address:										
Where is food being purchased?								Water Source:		
Where will off-site food p	reparation or	dishwas	hing tak	e place (i	f applica	ble)?				
All food must be pro	epared on-sit	e or in a	an appro	oved off-s	site locat	tion. No h	nome-pre	pared f	oods are allowed.	
Menu Food item		How served		Made to order		Off-site prep		nt prep	Temperature Control	
	Hot	Cold	Yes	No	Yes	No	Yes	No	or Cooking Method	
			旹		片	╁╫	片	$\Box$		
1. Improper handwa 2. Food, ice, or wat 3. Potentially hazar 4. Improper cookin, 5. Food not protect 6. Food-contact sur 7. Single service ite 8. Thermometers no 9. Sanitizing cloths 10. Improper disposa	ashing/use of har er from unapprodous food at imp g of food (3-401. ed during transpo- faces not clean a ms not protected of provided (4-20 not provided, ma	nd sanitized ved source or oper tem 11-3-401 ort, display nd sanitized, dispensed 112, 4-aintained quid waster	ers/facilities (3-101. aperatures .13) y, storage ed (3-304 ed or hand 302.12) (3-304.14 es (5-403.14)	11, 3-201.1: (3-501.16) or preparati .11, 4-601.1 lled properly	, 2-301.16 1-17, 5-10 on (3-302. 1, 4-602.1 7 (4-903.1) , 5-501.13	5, 5-203.11, 1.11) 11, 3-303.1 1) 1, 4-904.11)	5-205.11, 6 1,12, 3-305	.11,12, 3-3	5-301.12)	
DO NOT WRITE IN THIS SE		RE	ECEIPT #					DATE	Date:	

# **Handwashing Set Up**

Set up the handwashing facility **FIRST!** This must be done before food preparation begins.

Use a sink with warm running water or provide a 5 gallon container of warm water with a dispensing valve that provides a constant flow of water when opened (push button type not allowed). A container must be provided to catch the waste water. Provide dispensed soap and paper towels. Wash hands for 15 to 20 seconds. Do not use cloth towels to dry hands.

# **Dishwashing**

A commercial dishwasher, three-compartment sink or three buckets may be used. All equipment and utensils must be washed, rinsed and sanitized using a three step process: First, wash with hot soapy water. Second, rinse with hot water. Third, immerse in sanitizer (50-100 ppm for 10 seconds for chlorine bleach, 200-400 ppm for 30 seconds for quaternary ammonium) and air dry. Test strips are required to monitor sanitizer concentration.



## **Thermometers**

Probe thermometers are required to test food temperatures when holding food hot or cold or when cooking raw animal products. A small diameter probe is required to measure the temperature of thin foods, such as burgers and fish fillets. Refrigerator thermometers are required in all refrigerators or coolers.

### **FEES**

NOTE: A \$25.00 NON-REFUNDABLE APPLICATION FEE IS INCLUDED IN THESE FEES.

APPLICATION AND FEE MUST BE RECEIVED AT LEAST ONE WEEK PRIOR TO THE EVENT

TEMPORARY RESTAURANT & INTERMITTENT LICENSE (UP TO 30 DAYS)	\$152.00
TEMPORARY CONTIGUOUS TO FACILITY (UP TO 30 DAYS)	\$71.00
SEASONAL (UP TO 90 DAYS)	\$304.00
TEMPORARY OPERATIONAL REVIEW	\$71.00
(If application/fee is received at the Health Department at least one week prior to event)	
Late Fee (application/fee received less than <b>5 business days</b> prior to event	\$100.00

<u>BENEVOLENT TEMPORARY RESTAURANT</u> (Non-profit organization/organization having a Tax Exempt ID number; i.e.;

churches, volunteer groups, little leagues.)

1- day event	\$32.00
2- day event	\$59.00
3-4 day event	
5-30 day event	

MOBILE FOOD UNITS: Licensed in Oregon outside of Marion County \$25.00.

LICENSE IS ONLY VALID FOR LOCATION/EVENT FOR WHICH IT IS ISSUED.

### THIS APPLICATION MUST BE COMPLETED IN FULL AND SUBMITTED WITH FEE TO:

Marion County Environmental Health 3180 Center Street NE #1101 Salem, OR 97301

PHONE: 503-588-5346 FAX: 503-566-2986 You will be charged a late fee if the payment is not received within 5 business days of the event.

Submit via Email to: EnvironmentalHealth@co.marion.or.us

MAKE ALL CHECKS PAYABLE TO: MARION COUNTY ENVIRONMENTAL HEALTH