



Springfield-Greene County
Health Department
Helping people live longer, healthier, happier lives

Springfield/Greene County Health Department Application to Operate a Temporary Food Establishment

Directions: The operator of each TFE (Temporary Food Event) must complete this application and submit it to the Springfield/Greene County Health Department at least 14 days before the TFE.

Submission Date: _____

Booth Owner/Operator (applicant):

Name of Temporary Food Establishment:

Name: _____

Address: _____

Name & Date (s) of Event:

Location of Event: _____

Phone #(s) _____

Fax # _____

1. List **all** food and beverage items to be prepared and/or served. Attach a separate sheet if necessary:

2. Will all foods be prepared at the TFE site?

YES
 NO

If NO, the operator **MUST** provide a copy of the latest inspection report from the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE:

4. Describe how food temperatures will be monitored during the event:

5. Identify the sources for each meat, poultry, seafood, and shellfish item:



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APPLICATION FOR TFE

6. Identify the sources for ice used at the event:

7. Describe the number, location and set up of handwashing facilities to be used by the TFE workers:

8. Identify the source of the potable water supply and describe how water will be stored and distributed at the TFE. If a non-public water supply is to be used, results from the most recent water testing must be provided:

9. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage:

10. Describe WHERE and HOW wastewater from handwashing and utensil washing will be collected, stored and disposed:

11. Describe the TFE structure to be used. Please indicate type of floors, walls, ceiling surfaces and lighting. Attach a simple sketch or diagram of TFE if needed.

FLOORS _____
WALLS _____
CEILING SURFACE _____
LIGHTING _____

12. Facility plan for fly and insect control is as follows:

13. Will leftovers be saved for future use:

_____ YES
_____ NO

If yes, how will the leftovers be handled:



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STATEMENT OF VERIFICATION
Application to Operate a Temporary Food Establishment

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Springfield/Greene County Health Department may nullify final approval.

Name & Date (s) of Event: _____
Name of Temporary Food Establishment: _____

SIGNATURE (s) of APPLICANT: _____ DATE: _____

Approval of these plans and specification by the Springfield/Greene County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

**Please mail application to: Springfield/Greene County Health Department
227 East Chestnut Expressway
Springfield, MO 65802**
Or fax application to: 417/864-1104
For questions, please call: 417/864-1424

*****APPLICATION APPROVAL*****

APPROVED: _____ DATE: _____

Restrictions/Comments:

DISAPPROVED: _____ DATE: _____

Reason(s) for Disapproval:

Reviewer _____ Title _____ Date _____