Application for a Temporary Event Food Permit

Email Application to: **eh@carsoncity.gov**

Permits and Fees are NON-Transferrable and NON-Refundable

Carson City Health and Human Services Environmental Health Division

900 E Long St Carson City, NV 89706

Phone: 775-887-2190 ext. 80029 Gethealthycarsoncity.org

Permitted and Non-Permitted Food Vendors/Operators must submit this application to our Health Department for each event at least ***5 BUSINESS DAYS PRIOR TO THE DAY OF THE EVENT.***

STOP **All fields on this form MUST be filled in.** STOP

***THESE FORMS ARE NOT YOUR PERMIT,* you will receive your health permit the day of your event after the inspector's visit.**

Event Information

Event Name:	Event Start Date:	Event End Date:	Event Start Time:	Event End Time:

Event Address:	City:	State:	Zip:

Event Coordinator Name:	Event Coordinator Contact Number:	Event Coordinator Email:

Business/Vendor Information

Business Name (DBA):	IRS Non-Profit Tax ID # (If Applicable)

Name of Person in Charge (must be present at the event):	Person in Charge Contact Number:	Person in Charge Contact Email:

Business Address:	City:	State:	Zip:

All Dates Business/Vendor Plans to Attend Event:	Vendor Start Time on first day of event

Permitting Information (Check all that you **currently** have)

Not Applicable (Non-Annually Permitted) ☐

☐ **Carson City Annual Health Permit**

☐ **Douglas County Annual Health Permit**

☐ **Other Health Jurisdiction (MUST PROVIDE COPY OF PERMIT)**

State and Health Authority: _____

☐ **State or County Approved Cottage Food (MUST PROVIDE APPROVAL LETTER)**

Food/Beverage Storage & Preparation

COTTAGE FOOD Not Applicable ☐

Will Food/Beverage Items be Prepared and/or Stored Off-Site Before the Event? (ANSWER BELOW)

◯ **YES.** Fill out the following information for the location at which the food/ beverage items will be prepared and/or stored prior to the event:

Name: _____

Address: _____

Is the facility in Carson or Douglas County *(Select One):*

◯ **Yes** ◯ **No. Attach a copy of the facility's valid health permit**

Food Prep Begins: (Date and Time): ____/____/____ ____:____ *(AM/PM)*

Food Prep Ends: (Date and Time): ____/____/____ ____:____ *(AM/PM)*

How will food items be kept hot or cold during transport:

_____

Length of Transportation Time (minutes or hours): ___:___ *(hours/minutes)*

◯ **NO. My food/beverage items will not be stored and/or prepared off-site.** I understand that I am required to purchase all food and beverage items/ingredients the day of the event. Food must **NOT** be stored or prepared at home.

By initialing below, I acknowledge that I may be asked to verify purchasing dates of food/beverage items at the time of inspection. Failure to provide proof of purchase may result in further enforcement action, including permit suspension.

Food Prep Begins: ____/____/____ ____:____ *(AM/PM)*

Applicant Initials: _____

Food to be Served (Vendors are encouraged to also attach menu)

All Food/Beverage Menu items (Be specific and include Ice):	Sourced/Purchased from:

Food/Beverage Holding & Equipment

Not applicable (All food is pre-made and samples are served pre-packaged) ☐

Food booth Construction (Choose One): ☐ Canopy ☐ Trailer ☐ Mobile Vehicle ☐ Other: _____

Handwashing Type in Booth *(Choose One)*:
- ☐ Plumbed Sink
- ☐ Gravity Flow Container
- ☐ Self- Contained Portable Unit

Utensil/Equipment Washing Type *(Choose Two):*
- ☐ Plumbed 3 -Compartment Sink
- ☐ 3-Tub System Located Inside Booth
- ☐ Adequate Supply of Clean Utensils for Daily Operation (prior approval required)

Sampling Methods and Equipment: *(If Applicable)*
- ☐ Tongs
- ☐ Toothpicks
- ☐ Gloves
- ☐ Not Sampling
- ☐ Other: _____

What type of surface sanitizer will you be using? ☐ Quaternary Ammonium ☐ Bleach ***No other sanitizer will be approved to use at temporary events***

COTTAGE FOOD applicants continue to APPLICANT ACKNOWLEDGEMENT

ALL Cold-Holding Equipment: (if ice, must have adequate amount to fully cover all foods)

ALL Hot-Holding Equipment:

ALL Cooking and Reheating Equipment:

Where is your water coming from: _____

Stem-Type Food Thermometer Available? (0-220 Degrees F): ☐ Yes ☐ No

Wastewater Disposal Provided by *(Choose One):* ☐ Event Coordinator ☐ Booth Operator **Name of Responsible Party:** _____

Wastewater Disposal: ☐ Sanitary Sewer ☐ Holding Tank

Garbage Disposal Provided by *(Choose One):* ☐ Event Coordinator ☐ Booth Operator **Name of Responsible Party:** _____

Garbage Disposal: ☐ Covered Trash Cans ☐ Dumpsters

Restrooms Provided for events longer than 4 hrs. *(Choose One):* ☐ Event Coordinator ☐ Booth Operator **Name of Responsible Party:** _____

Restroom Facility Type: ☐ Portable Toilets ☐ Indoor Toilets

Applicant Acknowledgement

Review the following Terms and Conditions for Operation of a Temporary Food Establishment. Initial and then sign and print your name at the bottom of this section. By initialing and signing, the applicant acknowledges that failure to adhere to these terms and conditions may result in further enforcement action, including permit suspension and temporary establishment closure.

_____ I understand that my application is **NOT** a Temporary Food Establishment Permit. I will receive my Temporary Food Establishment Permit at the time my Temporary Event Food Establishment is inspected by the Health Authority.

_____ I understand that failure to comply with food safety may result in further enforcement action, including assessment of re-inspection fees and/ or closure of my Temporary Event Food Establishment.

_____ I acknowledge that interfering with the Health Authority's ability to perform their duties is a violation of Nevada Revised Statute (NRS) 446.885(3) and intimidating behavior against a public officer is a violation of NRS 199.3300 (Intimidating a public employee). I understand these behaviors include, but are not limited to threats of violence, abusive language, unwarranted physical contact; and that partaking in these behaviors may result in a closure of my Temporary Food Establishment.

_____ **I understand that my permit is NOT APPROVED until I have been successfully inspected by a Health Inspector** at the above- mentioned event regarding the operation of my Temporary Event Food Establishment.

_____ I understand that annually permitted establishments may not need an inspection at temporary events and are still authorized to sell.

_____ I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements.

By signing below, I certify that I am the owner or authorized representative of this business and that all statements made on this application are true to the best of my knowledge.

Applicants Signature: _____ **Applicant Printed Name:** _____ **Date:**____ /____/____

Payment and Fees

Non-Profit Organizations that operate in Carson City, who provide an IRS Non-Profit tax ID# are not charged event fees.
Non-Profit Organizations that operate in Douglas County, who provide an IRS Non-Profit Tax ID# are charged Non-Profit Permit Fees.
Late fees will be assessed on ALL late applications not submitted 5 business days prior to the first day of any event.
*Fees are subject to change.

*Recurring events, including Farmer's Markets, may require multiple Temporary Food Establishment Applications depending on event schedule, duration, and jurisdictional permitting requirements. Additional applications and applicable fees may be required once the maximum allowable permit duration has been reached.

CARSON CITY

Event Duration	Permit Fee	Late Fee
1-Day	**$25**	**$25**
2-7 Days	**$50**	**$35**
8-14 Days	**$75**	**$40**

Temporary Food Establishment Permits issued in Carson City are valid for 14 CALENDAR days PER event. Events exceeding the 14 calendar days require an additional Temporary Event Application to cover the remaining event days. Additional fees will apply based on the remaining event duration as outlined above.

DOUGLAS COUNTY

Establishment Type	Permit Fee	Late Fee
Non-Profit	**$25**	**$25**
For-Profit	**$50**	**$25**
Recurring Events	**$50 PER 14 DAYS**	**$25**

Temporary Food Establishment Permits issued in Douglas County are valid for 14 CONSECUTIVE days PER event. Events exceeding 14 consecutive days require an additional Temporary Event Application and applicable fees prior to continuation.

MAKE YOUR PAYMENT ONLINE! Scan our QR code to be taken to our Online payment website.
https://magic.collectorsolutions.com/magic-ui/en-US/Pay/Process/CartInformation

Temporary Food Event- Food Safety Basics

Carson City Health and Human Services Environmental Health Division
900 E Long St Carson City, NV 89706
Phone: 775-887-2190 ext. 80029 Gethealthycarsoncity.org

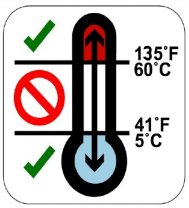
Food Source:

- All food, including ice, must be from an approved permitted source, i.e., restaurant or grocery store.
- Prepared food **MUST** be from your commercial kitchen or from another permitted food business.
- Cooking and assembly may take place on-site.
- **NO FOOD PREPARED AT HOME** *(Exceptions may be granted for pre-approved "Cottage Food")*
- All water to be used for cooking **MUST** come from an approved source ,i.e., restaurant, grocery store, or permitted establishment.

Covered and Protected:

- Overhead covering required when outdoors.
- Ensure food containers all have lids or are otherwise covered to protect from weather and pest.
- Grills and deep fryers may be extended pass overhead covering to comply with fire code.

Monitor Food Temperatures:



- Use a calibrated metal stem thermometer to verify safe temps. (thermometer should range 0°F-200°F)
- Make sure previously cooked foods are **reheated ≥ 165°F before** putting them into a warmer.
- Store Cold Foods **≤ 41°F**
  - ⇒ Ice chests may be used to keep items cold. Ice inside **CANNOT** be used for consumption if it's being used to keep food items cold.
- Store Hot Foods **≥ 135°F**
  - ⇒ Gas or electric hot holding units are preferred.
- Cook meats to appropriate minimum temps:
  - ⇒ Raw Chicken **≥ 165°F**
  - ⇒ Raw Hamburger or Other Ground Meat **≥ 155°F**
  - ⇒ Whole Muscle Beef, Pork, or Fish **≥ 145°F**

NO Push-Button Spout

Approved Flip Spout

Handwashing Station:

- Minimum of 5 gallon container with free-flowing flip spout (NOT push-button)
- Liquid hand Soap
- Single-Use Towels (secured so they don't blow away)
- Catch bucket for wastewater
- Trash container for used paper towels
- Wastewater/Greywater CANNOT be dumped on ground or in sewer. (HANDWASHING only can be dumped down sanitary sewer)

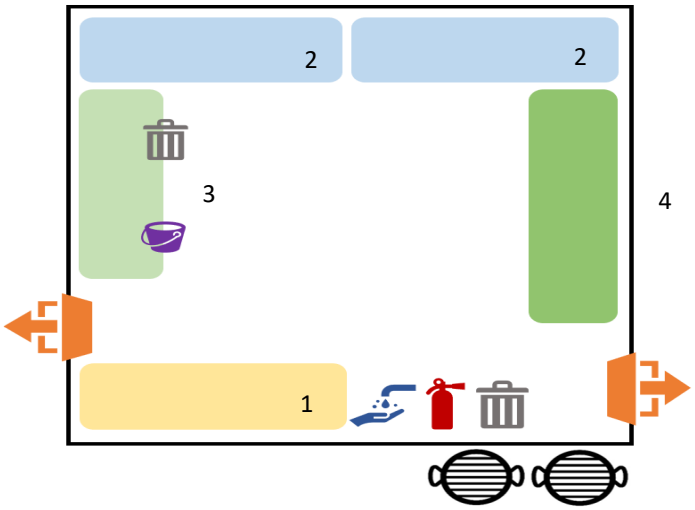
No Bare Hand Contact:

- Use clean gloves or utensils to avoid touching ready-to-eat foods with bare hands.
- Wash hands before putting on gloves.
- Change gloves often.

Washing/Sanitation and Utensils:

- 3 Bin Wash/Rinse/Sanatize setup is required if you do not have a permitted Commissary Kitchen.
- Food service utensils must be washed, rinsed and sanitized in a three step approved method (see images below) or have enough utensils for daily operations. (Utensils must be changed out every 2 hours)
- Cloth sanitizing towels must be stored in sanitizing bucket with proper mix of 100 parts per million (ppm) of chlorine solution. (1Tbsp of bleach per gallon of water)
- Test strips should be available for testing.

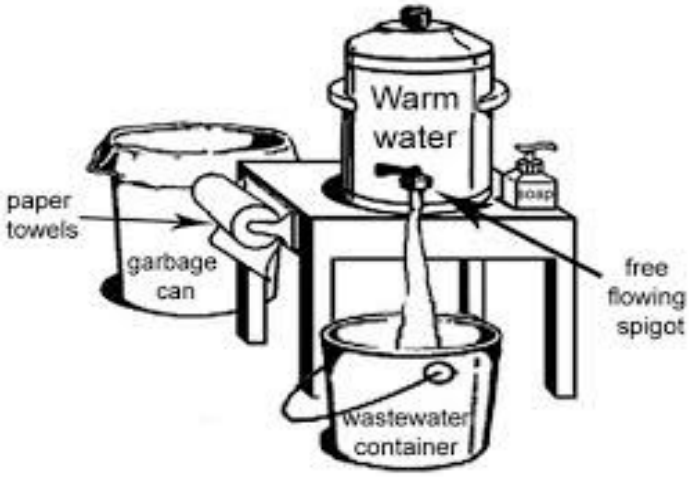
Sample Suggested Set Up Under Canopy



Canopy Layout: Suggested utensil washing and hand-washing station setup for a temporary food event. The top diagram shows a three-step utensil washing station with labeled tubs for wash (soapy water), rinse (clean water), and sanitize (bleach solution), supplied by a dedicated water container. Clean water containers are stored below, and a labeled wastewater bucket is placed to the side. Soap and bleach bottles sit on the table. A note indicates this station must be separate from the handwashing station.

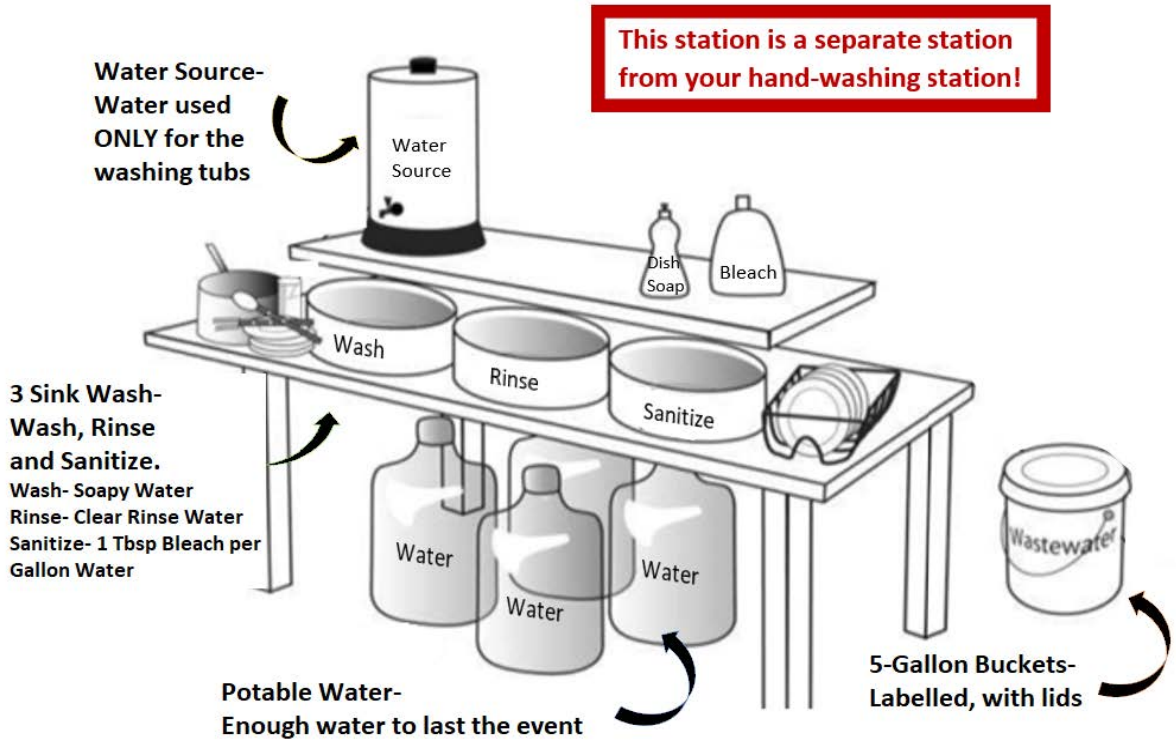
Key / Legend: Legend identifying symbols used in the canopy layout. Icons represent a fire extinguisher, exit, sanitizer bucket, handwashing station, trash can, and grill or stove. Numbered labels indicate: 1 for utensil washing, 2 for serving tables, 3 for food prep table, and 4 for food storage.

Sample Suggested Set Up For Hand Washing



Example Handwashing Set-up: Diagram of a temporary handwashing station. A container labeled “warm water” sits on a table with a free-flow spigot dispensing water into a wastewater bucket below. A soap dispenser is on the table next to the container. Paper towels are mounted on the side of the table, with a garbage can positioned nearby for disposal.

Suggested Utensil Washing Set Up



Example Utensil Washing Station: Diagram of a utensil washing station setup for a temporary food event. A table holds three labeled tubs for wash, rinse, and sanitize. The wash tub uses soapy water, the rinse tub uses clean water, and the sanitize tub uses a bleach solution of one tablespoon per gallon of water. A water source container is positioned above or behind the tubs and is designated for washing only. Dish soap and bleach bottles sit on the table. Clean utensils are shown drying on the side.

Below the table are multiple containers of potable water labeled for use throughout the event. To the side, a labeled wastewater bucket with a lid is provided. Text in the image notes that this utensil washing station must be separate from the handwashing station.