

ENVIRONMENTAL HEALTH DEPARTMENT

809 N CUSTER AVE

HARDIN, MT 59034



Phone: 406-665-8720

Fax: 406-665-1025

Email: mspry@bighorncountymt.gov

Annual Temporary Food Permit

Name of Establishment _____
Primary Location Address of Establishment _____
City _____ State _____ Zip _____
Telephone Number of Establishment _____

Name of Owner _____
Mailing Address _____
City _____ State _____ Zip _____
Applicant's Name _____
Contact Number _____ E-Mail Address _____

	Hours of Operation	Maximum Meals/Customers to be Served (approximate)		
		Breakfast	Lunch	Dinner
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Amount Paid: <u>\$115.00</u>
Check # _____ Cash: _____
Date: _____
Received by: _____

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Please answer the following questions in as much detail as possible:

1.) List all food and beverage items to be prepared and served. Attach a separate sheet if necessary. (Note: Any changes to the menu must be submitted to and approved by Big Horn County Sanitarian at least five days prior to the event.)

2.) Describe where foods, beverages and ice will be obtained/purchased. (i.e. Costco, Wal-Mart, etc.):

3.) Food must be maintained frozen, below 41°F or above 135°F during transport to the TFE. Describe (be specific) how frozen, cold, and hot foods will be transported:

4.) How will food temperatures be monitored during the food event? A metal probe (stem-type) thermometer that measures from 0 to 220°F is required to take temperatures. List the kind and numbers of thermometers to be used. Proper holding temperatures must be maintained at all times, including overnight.

5.) Describe how foods will be kept hot or cold during holding or serving, including information on equipment provided. Thermometers must be provided in holding units for temperature monitoring. Proper holding temperatures must be maintained at all times, including overnight.

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6.) Describe how foods will be cooked, including information on what equipment will be used. *Potentially hazardous foods must be prepared on site or in a commercially licensed kitchen. If planning on using a commercial kitchen for food preparation, please provide location and kitchen contact name.*

7.) Describe how, where, and what cold foods will be prepared. A minimum amount of food handling is encouraged.

8.) Describe how foods will be protected from contamination during holding, display and serving (i.e. squeeze bottles, individual packets, covered containers, etc.). Indicate the number of workers who will be present to serve and prepare food. Food handlers and workers who handle customer transactions must be separated.

9.) Describe what will be done with leftovers at the end of each day:

10.) A handwash station with warm running water, soap and paper towels is required. Wastewater must be disposed of into an approved system. (See next page for a diagram of an accepted portable handwash station.) describe the handwashing facilities:

Water Source: _____

Size of container: _____

Gallons of backup water storage: _____

***If a non-public water supply is being used, test results from within the last 30 days must be provided with application. ***

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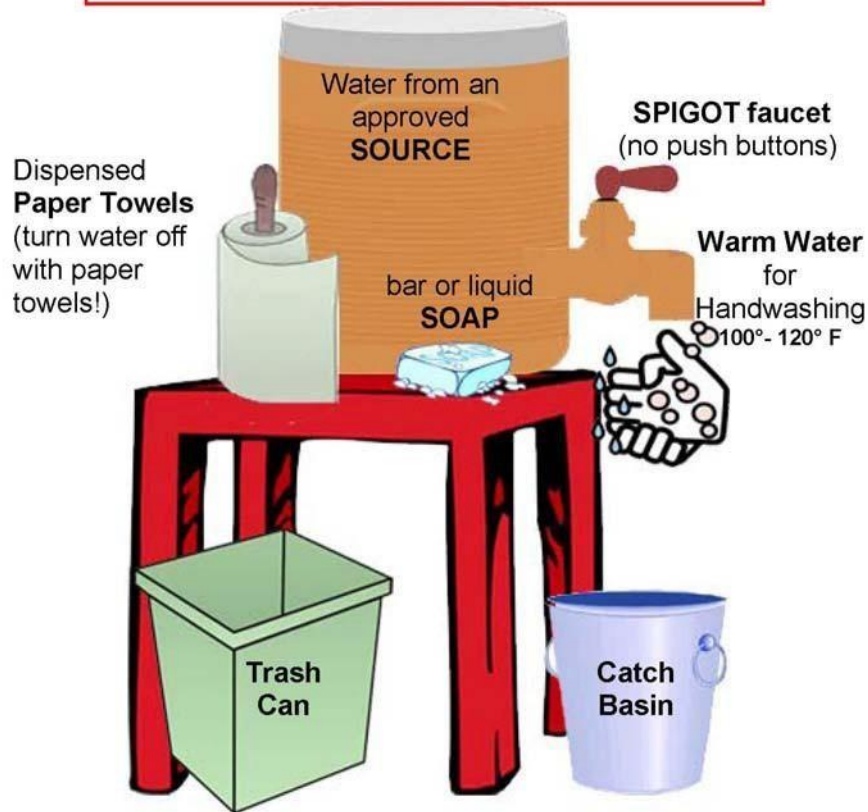
Email: mspry@bighorncountymt.gov

HANDWASHING STATION

Use it OFTEN!

Use **CLEAN** water jugs:

1. **SANITIZE** with 2 tbsp unscented bleach in 1 gallon of water – **SLOSH** to cover all surfaces.
2. Let **STAND** 5 minutes and **DRAIN**. **DO NOT RINSE!**
3. **FILL** with approved drinking water



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11.) Describe how and where wastewater from handwashing and utensil washing will be collected, stored, and disposed:

12.) Will there be a restroom available? Is so, where?

13.) Utensils used with potentially hazardous foods that are not held in the food must be washed, rinsed, and sanitized at least every two hours or they must be changed out with clean utensils within the same time period. Describe how food preparation utensils are to be cleaned and sanitized. If no facilities are available on site, describe the location of back-up utensil storage:

14.) Describe how electricity will be provided to the Temporary Food Event:

15.) Please attach a drawing of the temporary facility set up on the next page, including the location of equipment that will be available. Describe the floors, walls, ceiling surfaces, and lighting within the Temporary Food Establishment Facility or food booth that will be provided.

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*I agree that no changes will be made to this TFE plan without the approval of Big Horn County Sanitarian.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Checklist:

1. Application completed and signed?
2. Annual fee included?
3. Drawing of average layout included?
4. Menu included?

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**Temporary Food Event Permit**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

*I understand and will take responsibility for the proper methods of food preparation, handling, storage and service standards at this food event. I agree that no changes will be made to this TFE plan without the approval of a CMHD Sanitarian.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sanitarian's Comments:

Temporary Food Permit is: \_\_\_\_\_ Approved, \_\_\_\_\_ Approved as Amended, \_\_\_\_\_ Denied

Sanitarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Montana law requires food licenses/permits to be posted for review by citizens at all food establishments.*