



PASADENA CONVENTION CENTER: TEMPORARY FOOD FACILITY (TFF) APPLICATION

(Applications submitted less than 10 calendar days prior to the start of event will be subjected to an expedited processing fee.)

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFF OPERATOR INFORMATION		EVENT INFORMATION	
Name of DBA: _____ _____		Event Name: _____ _____	
Name of Owner: _____ _____		Date(s) of Event: _____ _____	
Mailing Address: _____ _____ City _____		Hours of TFF Operation Setup: _____ Event: _____	
State _____ Zip _____			
Phone: (_____) _____ - _____ Email: _____			
Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Permanent Structure	# of Food Employees: _____	TFF (On-Site) Person-in-Charge Name: _____	
		Cell Phone: (_____) _____ - _____ E-Mail: _____	
FOOD OPERATION			
<input type="checkbox"/> Pre-packaged food only <input type="checkbox"/> Pre-packaged with sampling <input type="checkbox"/> Food preparation <i>(All food preparation to be completed within the food booth or at a permitted food facility)</i>			
FOOD PROTECTION			
Identify methods of protecting foods from customer contamination:			
<input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Hinged Chafing Dishes <input type="checkbox"/> Individual Portion Samples <input type="checkbox"/> Other (Specify): _____			
LIST ALL FOOD & BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY			
Attach additional pages as necessary			
Food Item	Prepackaged (Y or N)	Identify type of preparation at other location**	Identify type of preparation at booth (assembly, portioning, cooking, etc.)
**Approved Source: Indicate the location that food will be manufactured, stored or prepared before the event. <i>I have attached a copy of the food facility's permit.</i> _____ Initial			
Food Facility Name:		Name of Permit Holder:	
Address and City:		Facility Contact Number:	
Method of food temperature control during transportation:			

HOT/COLD HOLDING EQUIPMENT*

Identify methods of maintaining food **hot (135°F)** or **cold (41°F)**

Cold Holding Mechanical Refrigerator Ice Chest Other (Specify): _____

Hot Holding* Electric Warmer Other (Specify): _____
*Electrical supply must be obtained from the PCOC for all applicable equipment. **The use of open flame is prohibited.**

I agree to voluntarily destroy any and all potentially hazardous food(s) held at 45°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency. _____ Initial

EQUIPMENT/UTENSILS

Will multi-use kitchen utensils be used inside the booth for preparation?
 Yes No

Note: A three-compartment sink may be shared by up to eight food booths. Contact Centerplate for rental information.

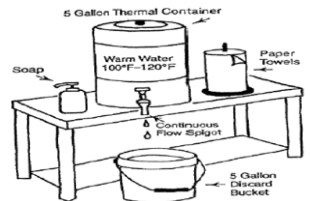
Sanitizer to be used (test strips must be available to test sanitizer concentration)
 Chlorine Quaternary Ammonia Iodine

Identify all electric equipment* that will be used for food preparation at the food booth:
 Griddle Mixer/Blender Other (Specify): _____

HANDWASH FACILITIES

Handwashing facilities are required in a TFF that handles open food including sampling and food preparation. (Handwashing facilities are available for rent by Centerplate)
▪ Hand soap, single-use towels, and a trash receptacle must be provided.

Type of handwashing facility that will be used:
 Gravity-fed warm water (100°F) with spigot and catch basin. Waste water must be properly disposed.
 Self-contained portable unit (with potable water and waste water holding tanks)



FACILITY REQUIREMENTS

Electrical Supply: Electrical power must be obtained from the PCOC. Each food booth is responsible for ensuring that electrical supply is available for equipment. *Contact the PCOC for additional information.*
Toilet Facilities: Are provided by the PCOC.

Refuse Removal: *Perimeter-only refuse removal is provided by PCOC.*
▪ Identify responsible party/general service contractor for **booth** refuse removal: _____
Liquid Waste Removal:
▪ Liquid waste must be disposed in locations designated by the PCOC for liquid waste disposal.
Frequency of liquid waste removal: _____ per day

Temporary Food Facility Operator Acknowledgment

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event. I acknowledge I have read and understood the Community Event Requirements provided. I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate at the event. **APPLICATION COMPLETED BY:**

Print Name: _____ Cell Phone: _____
Signature: _____ Date: _____

Applications may be submitted in person, by email to cachavez@cityofpasadena.net, or faxed to attention of Carmina Chavez at (626) 744-6116. Payment is due at time of submission. To pay by credit card, complete the Credit Card Authorization Form. Checks are not accepted.

+++++ DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY +++++

Date Application Received:	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (See reason below)	Reviewer Signature: Date:
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