

FINISH LINE FESTIVAL HEALTH PERMIT APPLICATION



COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
FOOD INSPECTION BUREAU
WEST FOOD OFFICE
 6053 BRISTOL PARKWAY, 2ND FLOOR
 CULVER CITY, CA 90230
 (310) 665 – 8450
 FAX (310) 348 – 6402



Plan and Application for Temporary Event Food or Beverage Stands

Name of Event _____	Today's date _____
Name of Stand _____	Dates of Event _____ or Which quarter for CFM _____ (1 st , 2 nd , 3 rd , 4 th)
Name of Owner _____	
<input type="checkbox"/> Charitable / Tax Supported <input type="checkbox"/> For Profit <input type="checkbox"/> Proof of Tax Exempt Status Included (501c3)	
Mailing Address _____	

FOODS

At no time will any food product be stored, prepared, washed or otherwise handled at home or other facility unless approved by Los Angeles County Environmental Health Program.

List all foods to be served. Use a checkmark (✓) to indicate which foods will be commercially pre-packaged, prepared at the booth, or prepared in a location other than the booth. Also, if applicable, list the name, address and the Public Health Permit / License number of the establishment preparing those foods.

TYPE OF FOOD	COMMERCIALY PRE-PACKAGED	PREPARED AT BOOTH	PREPARED AT OTHER LOCATION	NAME & ADDRESS WHERE FOOD IS PREPARED	PUBLIC HEALTH PERMIT

****If perishable or potentially hazardous foods are included in the above list are they required to be refrigerated or warmed? If so, what type?**

- | | | |
|---|---|--|
| <input type="checkbox"/> Refrigeration Unit | <input type="checkbox"/> Cooler (Ice / Dry Ice) | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Hot Holding Unit | <input type="checkbox"/> Dishes with sternos | <input type="checkbox"/> Other (Specify) _____ |

UTENSILS AND EQUIPMENT
(If only prepackaged food is sold, skip Part A and B)

Part A

Multi-use eating and drinking utensils (e.g. plates, glasses, silverware)? Yes No
 Multi-use kitchen utensils (e.g. scoops, spatulas, etc.)? Yes No

Utensil washing sink with hot and cold running water under pressure provided by:
 Promoter / Sponsor Food Stand Operator

Utensil washing sink:
 Health Department approval Yes No
 Method of liquid waste removal Waste Tank connected to public sewage

HAND WASHING SINK
(If only prepackaged food is sold, skip Part A and B)

Part B

Hand washing sink:
 Portable Gravity (2 ½ gallon bottle with spigot) Paper towels and liquid soap

EQUIPMENT

Part C

List all equipment to be used at the event:

_____	_____
_____	_____
_____	_____
_____	_____

Food to be protected from customer contamination by:

Sneeze Guards Only pre-packaged or Bottled Food or Drink
 Hinged Chafing Dishes Other (Specify): _____
 Prepared and handled out of the line of the customer serving area

FOOD STAND CONSTRUCTION AND EQUIPMENT

Materials to be used for floors, walls, and ceiling

Properly identify stand with name of business (3 inch letters), address and telephone number (1 inch letters).

****Note: Food stands with open food (incl. sampling) must be protected from dust contamination on 3 sides and top.**

Floor: Concrete Asphalt Other (Specify): _____
 Wall: Screen Plastic / Tarp Other (Specify): _____
 Ceiling: Canopy Plastic / Tarp Other (Specify): _____

APPLICATION COMPLETED BY: _____

TITLE: _____ TELEPHONE (_____) _____ - _____

THIS VENDOR IS APPROVED TO PARTICIPATE AT THIS T.F.E. _____

EVENT MANAGER / SPONSOR _____ DATE: _____