



**MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION**



**BULLHEAD CITY**  
1130 HANCOCK ROAD  
ZIP 86442  
(928) 758-0704

**KINGMAN**  
3675 E. HWY 66, SUITE B  
ZIP 86401  
(928) 757-0901

**LAKE HAVASU CITY**  
2001 COLLEGE DRIVE, STE. 95  
ZIP 86403  
(928) 453-0712

**APPLICATION FOR TEMPORARY FOOD SERVICE OR  
COOK-OFF/COOKING CHALLENGE PERMIT**

**Cook-off/Cooking Challenge:**

Participant Number \_\_\_\_\_ (please be accurate and **provide a list**, those participants not listed for will be asked to leave)

**Temporary Food/Retail Service:**

Does the organization have a charitable or non-profit status?  YES  NO Tax Exempt Number: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

EVENT NAME:			
EVENT LOCATION:			
DATE(S) OF EVENT:	TOTAL # OF DAYS:	FOOD PREP BEGIN TIME:	FOOD PREP END TIME:
NAME OF VENDOR:		CONTACT PERSON:	TELEPHONE NUMBER:
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

Please review the **Guidelines for Operating a Temporary Food Booth** and complete the following questionnaire.

1	LIST OF FOODS TO BE SERVED:
2	WHERE WILL FOOD BE PREPARED?
3	DESCRIBE COLD HOLDING EQUIPMENT:
4	DESCRIBE HOT HOLDING EQUIPMENT:
5	DESCRIBE COOKING EQUIPMENT:
6	WHERE WILL YOU OBTAIN YOUR FOOD PRODUCTS?
7	DESCRIBE BOOTH CONSTRUCTION (overhead protection, enclosure, etc.)
	FLOOR CONSTRUCTION:
	WALLS & CEILINGS:
8	IS A STEM-TYPE FOOD THERMOMETER AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
9	WATER SOURCE:
10	WASTEWATER DISPOSAL <input type="checkbox"/> Sewer <input type="checkbox"/> Holding Tank
11	HAND WASHING FACILITIES <input type="checkbox"/> Plumbed Sink <input type="checkbox"/> Gravity Flow Container
12	DISHWASHING FACILITIES:
13	WHICH SANITIZER TO BE USED? <input type="checkbox"/> Bleach <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Other: _____
14	# OF TOILETS PROVIDED: _____ # OF HANDWASHING STATIONS: _____ # OF TRASH RECEPTACLES: _____
<i>For Bake Sales: Note that potentially hazardous foods such as cream pies, custards, home canned vegetables, and home canned meats are <b>PROHIBITED</b> and appropriate signage must be posted as required by the Arizona Food Code.</i>	

**I/We agree the issuance and revocation of this permit is contingent upon satisfactory compliance with local temporary food service requirements.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMIT CONTINGENT UPON APPROVAL OF LOCAL PLANNING AND ZONING OFFICE**

**FEES ARE NON-REFUNDABLE**

DO NOT WRITE BELOW THIS LINE

Application approved for Permit by \_\_\_\_\_ Date \_\_\_\_\_ Type# \_\_\_\_\_  
(Inspector's Signature)

Amount Received \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Expires \_\_\_\_\_

Picture identification verified and copy attached  (check box if completed) By \_\_\_\_\_