

SF-5B  
Rev 6/11

West Virginia Department of Health & Human Resources  
Department of Health



**APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

**EVENT NAME:** \_\_\_\_\_

Establishment is a Not for Profit  Establishment is a For Profit

**Food Establishment:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Operation \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Age  $\geq$  18?  Yes  No Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

**Type Operation:** PHF means Potentially Hazardous Food, those requiring temperature controls.

- No PHF** Prepackaged non-PHF only or limited preparation of non-PHF
- Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.  
Limited advanced preparation for next day service. Raw ingredients require minimal assembly.  
Includes retail food stores,
- Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.  
Extensive handling of raw ingredients. Advanced prep for next day service.

Construction of establishment: Tent  Mobile Unit (Trailer)  Permanent Structure   
Other \_\_\_\_\_

**Attach sample menu or list menu on reverse side of this application.**

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule §64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

| For Health Department Use Only   |                   |                  |                |
|--|-------------------|------------------|----------------|
| Date Received _____  | Reviewed By _____ | Permit Fee _____ |                |
| Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied | Date _____        | Permit No. _____ | Comments _____ |

**Temporary Food Service Plan Review Application**

Must be received by the Mercer County Health Department 1 week prior to the set up date for the event:

Mercer County Health Department  
978 Blue Prince Road  
Bluefield, WV 24701

Name of Establishment: \_\_\_\_\_  
Physical & Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Number of Days for the Event: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ Number of Staff: \_\_\_\_\_  
Meals to be Served:  
Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

**Please Enclose The Following Documents:**

1. Proposed Menu
2. Plan drawn to scale of food establishment
3. List of all equipment
4. Copy of current permit and last inspection if any food is to be prepared at another site

**Food Supplies:**

1. Are all food supplies from approved sources? YES ( ) / No ( )
2. Please list sources:

\_\_\_\_\_  
\_\_\_\_\_

3. Provide information on the amount of space ( in cubic feet ) for:  
Dry Storage: \_\_\_\_\_ Refrigerated Storage: \_\_\_\_\_  
Frozen Storage: \_\_\_\_\_

**Food Preparation Procedures:**

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling / preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive ( Frozen, Fresh, Packaged, Etc.)
- Where the food will be stored

- Where ( Prep table, Sink, Counter, Etc. ) the food will be washed, cut, marinated, breaded, cooked, etc.

Ready-To-Eat Food ( Salads, Cold Sandwiches, Raw Shellfish): \_\_\_\_\_

---

---

Produce:

---

---

---

Poultry:

---

---

---

Meat:

---

---

---

Seafood:

---

---

---

**Thawing of Frozen PHF's Food**

Thawing method(s) ( Check all that apply and indicate where thawing will take place) :

\_\_\_ Under Refrigeration: \_\_\_\_\_

\_\_\_ Running Water Less Than 70 F: \_\_\_\_\_

\_\_\_ Microwave ( As part of the cooking process): \_\_\_\_\_

\_\_\_ Cooked From Frozen State: \_\_\_\_\_

\_\_\_ Other: ( Describe) \_\_\_\_\_

List all foods that will be cooked and served:

---

---

---

List all foods that will be held hot prior to service:

---

---

---

List all foods that will be cooked and cooled:

---

---

---

List all foods that will be cooked, cooled, and reheated:

---

---

---

**COOKING**

Will food thermometers be used to measure final cooking / reheating temperature of PHF's? YES ( ) / NO ( )

What type of temperature measuring device: \_\_\_\_\_

List types of cooking equipment:

---

---

---

**Hot / Cold Holding:**

How will hot PHF's be maintained at 135 F or above during holding for service? Indicate type, number, and location of hot holding units.

---

---

---

How will cold PHF's be maintained at 41 F or below during holding for service? Indicate type and number of cold holding units.

---

---

---

**REHEATING:**

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 F for 15 seconds within 2 hours? Indicate type and number of units for reheating foods.

---

---

---

**Employee Training:**

Are food employees trained in good food sanitation practices? YES ( ) / No ( )

Method of Training: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Will disposable gloves and / or utensils and / or food grade paper be used to prevent handling of ready-to-eat foods? YES ( ) / No ( )

Will hair restraints be required for all employees that handle food? YES ( ) / No ( )

**Insect and Rodent Control:**

Are screen doors provided on all entrances left open to the outside? YES ( ) / NO ( )

Do all window openings have a minimum # 16 mesh screening? YES ( ) / NO ( )

Is area clear of unnecessary brush, litter, boxes, and other harborage? YES ( ) / NO ( )

Will air curtains be used? YES ( ) / NO ( ) If yes where: \_\_\_\_\_

**Garbage and Refuse:**

Is there an area designated for garbage? YES ( ) / NO ( )

**Water Supply:**

Is water supply public ( ) or non-public / private ( )

If private, has source been approved? YES ( ) / NO ( ) / PENDING ( )

Please attach copy of written approval and / or permit

Is ice made on premises ( ) or purchased commercially ( )?

What is the capacity of and location of the hot water heater? \_\_\_\_\_

**SEWAGE DISPOSAL:**

Is establishment connected to a municipal sewer? YES ( ) / NO ( )

If no, is private disposal system approved? YES ( ) / NO ( ) / PENDING ( )

Please attach copy of written approval and / or permit

**GENERAL:**

1. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES ( ) / NO ( )

2. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and / or assembled?  
YES ( ) / NO ( )
3. Will all produce be washed on-site prior to use? YES ( ) / NO ( )
4. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone ( 41 F – 135 F ) during preparation. \_\_\_\_\_  
\_\_\_\_\_
5. What type of sanitizer is used?
  - a. Chlorine \_\_\_\_\_
  - b. Quaternary Ammonium \_\_\_\_\_
  - c. Hot Water \_\_\_\_\_
  - d. Other \_\_\_\_\_
6. Are test papers and / or kits available for checking sanitizer concentration:  
YES ( ) / NO ( )

**Hand Washing Facilities**

1. Is there a hand washing sink in the food preparation area? YES ( ) / NO ( )
2. Is hand cleanser available at all hand washing sinks? YES ( ) / NO ( )
3. Are hand drying facilities ( paper towels, air blowers, etc. ) available at all hand washing sinks? YES ( ) / NO ( )
4. Is hot and cold running water under pressure available at each hand washing sink?  
YES ( ) / NO ( )

**STATEMENT:**

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this health regulatory office may nullify final approval.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments. \_