

**Temporary Food Facility(TFF)
 Off-Site Food Preparation Authorization**

Type of Facility:

Temporary Food Facility (TFF)

According to the California Health and Safety Code, all food vendors are required to operate out of a facility approved by Environmental Health Services. This form is to be completed and submitted to Environmental Health Services for review and approval before a Health Permit can be issued.

Food Vendor Information:

Owner Name: _____

Business Name: (Name of food booth) _____

Business Address: _____

Phone Number: (____) _____ - _____

Home Address: _____

Home Phone Number: (____) _____ - _____

I understand and agree to notify and receive written approval from Environmental Health Services prior to any change of services provided by the facility indicated below or the other facility location. I do hereby agree to comply with California Health & Safety Code regulations pertaining to the approved use of a permitted facility for the above named food booth.

 (Printed Name of Applicant)

 (Signature of Applicant)

 (Date)

Facility Information: *(A copy of the current Health Permit is required for any facility not located within the County of Santa Barbara.)*

Type of Facility: Permitted Food Facility Other _____

Facility Owner Name: _____

Facility Business Name: _____

Business Address: _____

Business Phone: _____ Health Permit No. _____ Permit Expiration: _____

I, the facility Owner/Operator, can and will provide the necessary facilities for the above-mentioned food vendor at my permitted facility as checked below. Prompt written notice of any changes in the use of this facility will be provided to Environmental Health Services. (Check the appropriate box (s) below.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Wastes disposed | <input type="checkbox"/> Storage of refrigerated foods (see note below) | <input type="checkbox"/> Preparation of food |
| <input type="checkbox"/> Cleaning and service operation | <input type="checkbox"/> Storage of produce (see note below) | <input type="checkbox"/> Store supplies |
| <input type="checkbox"/> Toilet & hand washing | <input type="checkbox"/> Storage dry food (see note below) | <input type="checkbox"/> Utensil wash |
| <input type="checkbox"/> Potable water fill site | <input type="checkbox"/> Storage of Frozen food (see note below) | <input type="checkbox"/> Overnight parking |
| <input type="checkbox"/> Other: _____ | | |

 (Printed Name of Facility Owner/Operator)

 (Signature of Facility Owner/Operator)

 (Date)