



The City of York Pennsylvania

101 South George Street ❖ PO Box 509 ❖ York PA 17405

www.yorkcity.org

Honorable Michael R. Helfrich, Mayor

APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT

APPLICATIONS MUST BE SUBMITTED A WEEK PRIOR TO THE EVENT

TFS OWNER/OPERATOR INFORMATION	EVENT/SERVICE INFORMATION
Name of Owner or Business: _____	Event/Celebration Name (IF APPLICABLE): _____
Mailing Address: Street: _____ City/State/Zip Code: _____	Location of sale or service of food (Address): _____
Contact Information: (home, cell, business phone(s)) _____(_____)_____ _____(_____)_____	Hours of Operation (include time set-up will begin): _____
Email Address(s): _____	NON-Event/Celebration: List days of operation; If nonconsecutive days of operation, please list all dates you plan to operate: (No more than 14 days) _____
Type of Business/Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable/ Not for Profit	EVENT/CELEBRATION: List Dates and Times of Event _____ _____ _____
On-site (Person-in-Charge) Contact: _____	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event



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On-site Contact Cell Phone: () _____	Facility Type: <input type="checkbox"/> Permanent Structure (ex: concession stand) <input type="checkbox"/> Permanent Building (ex: church kitchen)
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MENU: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.		
List Menu (Food/Beverage) Item	Product is: Packaged by food processor and stays packaged	Product is: Un-packaged – handled and prepared at TFS

Use additional paper if necessary

APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT-CONTINUED	
Construction of TFS: <input type="checkbox"/> Permanent building or structure (smooth, non-porous and easily cleanable surfaces) <input type="checkbox"/> Non-Permanent	
Overhead Covering: <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	
Floor: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Walls: <input type="checkbox"/>	
Screens <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	



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Utensils and Equipment <input type="checkbox"/> Single-serve eating and drinking utensils <input type="checkbox"/> Multi-use kitchen utensils Type of Utensil Washing Set Up: <input type="checkbox"/> Three basin set-up <input type="checkbox"/> Shared three compartment sink <input type="checkbox"/> Three compartment sink within a food facility Sanitizer to be used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Iodine	Type of handwashing facility: <input type="checkbox"/> Gravity-fed water with spigot/bucket <input type="checkbox"/> Self-contained portable unit (with potable water and waste water holding tanks) <input type="checkbox"/> Plumbed with hot and cold water under pressure <i>Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</i>
TEMPORARY FOOD SERVICE PERMIT FEES City License Holder on site \$0.00 City License Holder off Site \$20.00 Any Vendor without Current City License (1 or 2 day events) \$35.00 Any Vendor without Current City License (3 or 5 day events) \$50.00 Note: If purchased on the day of the event may cost an additional \$25.00- Health Officer may deny any application submitted the day of the event	Liquid Waste Removal <input type="checkbox"/> Public Sewer disposal <input type="checkbox"/> Private Sewer disposal Water Supply <input type="checkbox"/> DEP regulated water supply (ex: municipal water, approved DEP Regulated Well) <input type="checkbox"/> *Private water supply; List location _____ *Water test must be performed (Total Coliform, Nitrate/Nitrite, see Guideline above, pg. 10)
FOOD PREPARATION LOCATION _____	Food Employee Certification (FEC) Note: Official non-profits are exempt Certified Food Manager available <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____

A temporary license will not be issued unless this application meets all local applicable requirements and those found in the FDA Model Food Code and the permit has been signed and approved by the City of York Health Officer. Additionally, the undersigned is aware that non-compliance may result in prosecution or closure of the temporary licensed facility.



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Applicants Name (Print): _____

Applicants Signature: _____

Date: _____

SUBMIT COMPLETED APPLICATION TO THE BUREAU OF PERMITS, PLANNING, & ZONING

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> *No * Reason:	Risk Category <input type="checkbox"/> TFS Type 1-Exempt <input type="checkbox"/> TFS Type 2 <input type="checkbox"/> TFS Type 3 <input type="checkbox"/> TFS Type 4	Reviewer Signature/Title: _____
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