



**Gila River Indian Community  
Environmental Health Services (EHS)**

Guidelines Issued

INITIAL \_\_\_\_\_

**Application for Temporary Food Establishment Permit**

PRINT

Submit Application 14 days prior to the event and fill out one application for each event.

(1) **Event Date(s):** \_\_\_\_\_ **to** \_\_\_\_\_ **Food Service Begins:** \_\_\_\_\_ AM PM **Ends** \_\_\_\_\_ AM PM  
MONTH/DAY/YEAR MONTH/DAY/YEAR

(2) **Name of Event:** \_\_\_\_\_ **Type of Event:**  Celebration  Fundraiser  
 Athletics  Other

(3) **Event Location:** \_\_\_\_\_  
DISTRICT, PARK, RAMADA, BUIDING, CHURCH, FACILITY

(4) **Applying as a:**

- Business:** Attach a copy of your current GRIC food establishment permit with application.
  - If your permit is not current or you do not possess a GRIC food establishment permit, attach a copy of the most recent food permit/license issued by a surrounding jurisdiction's Health Authority.
- Non-Private Organization**       Charitable       Religious       Civic
- Tribal Government Agency / Public School**
- Individual:** Attach a copy of your registration documentation from the event coordinator

(5) **Applicant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
BUSINESS, ORGANIZATION, INDIVIDUAL or TRIBAL AGENCY

(6) **Booth / Tent / Stand Name:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

(7) **Applicant's Address:** \_\_\_\_\_  
ADDRESS ZIP CODE

(8) **"Person in Charge" for Food Booth:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

(9) **Name of Event Coordinator:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

I hereby consent to inspection by the Gila River Indian Community, Environmental Health Services. I acknowledge that receipt and retention of this permit depends on compliance with the food code. I understand that:

1. Food must be prepared on-site at the event or in a kitchen approved by EHS;
2. Food prepared at home cannot be served to the public;
3. Dependant upon assessed risk, an on-site preopening inspection may be required to assure my operation complies with the food code;
4. If the Sanitarian finds a food code violation, I **cannot open** until all violations have been corrected;
5. Menus are **limited** to three (3) potentially hazardous foods (PHFs); and

I attest that the information contained within this application is true and accurate to the best of my knowledge.

PRINT NAME

SIGNATURE

DATE

**FOR EHS ADMINISTRATIVE USE ONLY**

Received By: \_\_\_\_\_

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

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

NOTES

NOTES

Permit No. \_\_\_\_\_

Expires: \_\_\_\_\_  
(14) DAY MAXIMUM

FORM: EHS-FSP-07

Send Completed Application to:

Rev. 7/2011

Post Office Box 147 • 433 W. Seed Farm Rd • Sacaton, Arizona 85147  
520-562-5100 (PH) • 520-562-5196 (FAX)

## Menu

Any changes to the menu must be submitted to and approved by Environmental Health Services at least **10 days** before the event.  
Each menu is limited to three (3) potentially hazardous foods (PHF) (see list below); violations require closure until corrected.

Main Dishes / Side Dishes	Condiments /Garnishments	Snack Foods	Beverages

**Note:** You will be required to provide proof of purchase from an approved source for PHF products.

Each menu is limited to three (3) potentially hazardous foods listed below

Raw Animal Foods		Dairy Products	Eggs	Cooked Plant Foods	Other
beef chicken fish goat lamb	pork seafood turkey other fowl other meat	ice cream soft serve yogurt some smoothies	all types	cooked rice refried beans corn or eloté cocktail cooked vegetables	cut melons raw seed sprouts garlic/oil mixture

### Preparation of Menu Items

**Location of Food Preparation**     On-Site at event     in Licensed Kitchen     in Unlicensed Kitchen

**If preparing food in a kitchen, name and address of kitchen:** \_\_\_\_\_

- The location for foods prepared (wash, cut, refrigeration, cooking) before the event must be at a kitchen approved by EHS.
- Unlicensed kitchens must meet basic sanitary conditions and require an inspection **at least 10 days** prior to the event.
- Food **cannot** be prepared in a private home.

### Dates and times of food preparation in the kitchen:

Date	Time	Date	Time

### Please check applicable boxes for each category:

#### 1. Temperature Control Methods

Cooking and/or re-heating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Oven <input type="checkbox"/> Propane Burner <input type="checkbox"/> Wok <input type="checkbox"/> Other	<input type="checkbox"/> Grill / BBQ <input type="checkbox"/> Hot Holding Warmers <input type="checkbox"/> Steam Table <input type="checkbox"/> Stove / Oven <input type="checkbox"/> Wok <input type="checkbox"/> Other	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Freezers <input type="checkbox"/> Insulated Ice Chest w/ Ice No. of Ice Chests _____ <input type="checkbox"/> Other	<input type="checkbox"/> Hold Holding Warmer <input type="checkbox"/> Cambros <input type="checkbox"/> Insulated Ice Chests <input type="checkbox"/> Other

#### 2. Food Booth Enclosure / Concession Trailer

<input type="checkbox"/> Food Booth: Screening on 4 sides, overhead covering, flooring, door <input type="checkbox"/> Tent: Screening on 4 sides, ground cover, flooring, overhead covering, door <input type="checkbox"/> Concessions Trailer
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#### 3. Ware Washing

<input type="checkbox"/> Sanitizing pail with 50 PPM Chlorine <input type="checkbox"/> Three-compartment Sink at site <input type="checkbox"/> Other
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#### 4. Handwashing Facilities

<input type="checkbox"/> Portable commercial hand sink connect to potable water <input type="checkbox"/> Permanent sink in food booth connected to potable water <input type="checkbox"/> Hand sink inside of a concession trailer/mobile food unit	<input type="checkbox"/> Gravity flow container temporary hand wash set up <input type="checkbox"/> Commercial portable hand wash system <input type="checkbox"/> Other: _____
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#### 5. Water Supply

<input type="checkbox"/> Public water system connected to hose bib at event site <input type="checkbox"/> Commercially packaged bottled water <input type="checkbox"/> Water brought from home: <input type="checkbox"/> Water company <input type="checkbox"/> Well	<input type="checkbox"/> Holding tank filled at base of operation or commissary <input type="checkbox"/> Holding tank filled at approved business, e.g. RV Park <input type="checkbox"/> Other: _____
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#### 6. Power Source

<input type="checkbox"/> Temporary electrical connection <input type="checkbox"/> Portable generator	<input type="checkbox"/> Propane <input type="checkbox"/> Other
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