

Philadelphia Department of Public Health
Environmental Health Services
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<p>Payment Options Check One <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Online Invoice</p>
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PERMANENT SPECIAL EVENT VENDOR APPLICATION

VENDOR INFORMATION

Trade Name _____	No. of Identical Operations _____
Licensee/Corporation Name _____	
Mailing Address _____	
City _____	State _____ Zip _____
Contact Person _____	Contact Number _____
Email _____	
Type of Operation:	<input type="checkbox"/> Food Stand/Booth <input type="checkbox"/> Mobile <input type="checkbox"/> Other: _____
<p>NOTE: A Philadelphia Food Safety Certificate is required. A certified person is required to be present during all hours of operation and preparation. Failure to have a certified person present may result in closure. Please provide a copy of the certificate.</p>	
Vendor ID (returning vendors only; if more than one operation, list all): _____	

Name and Location of First Event _____ **Date** _____

SUPPORT FACILITY INFORMATION

Name of Support Facility _____	
Facility Address _____	City _____ State _____ Zip _____
Owner _____	Contact Number _____
<input type="checkbox"/> Provide a copy of current valid food license and inspection report if facility is located outside of Philadelphia County.	

<p>New vendors, please provide the following:</p> <ul style="list-style-type: none"> • Cutsheets/pictures of equipment • Schedule A: Equipment Detail • Schedule B: Menu Description and Preparation • Schedule C: Illustration of Food Operation <p>Contact via: <input type="checkbox"/> Email <input type="checkbox"/> Phone</p>

<p>Returning vendors, please confirm the following:</p> <p><input type="checkbox"/> My menu and equipment list, which was submitted and approved last year, has not changed.</p> <p><i>NOTE: Please submit first page of this application (including Vendor ID#) and a copy of the food license and operating eligibility certificate (OEC) from last year.</i></p>
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I hereby certify that all information provided is true and accurate to the best of my knowledge. It is understood that the submission of additional information may be required for the application to be complete and approved. Incomplete or illegible applications will be returned unprocessed. I understand that my operation must be approved annually before I begin event participation.

Print Name: _____

Date: _____

Signature: _____

Schedule A: Equipment Detail

*Provide equipment make and model number(s), catalog cut sheets, or photos (with dimensions) of all equipment.
Please check all that apply to your operation in the designated boxes below.*

<p style="text-align: center;">Food Protection Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tent / Self Contained Unit <input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Display Case <input type="checkbox"/> Prepackaged Only <input type="checkbox"/> Other: _____ 	<p style="text-align: center;">Cold Holding Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-Draining Cooler <input type="checkbox"/> Refrigeration Unit <input type="checkbox"/> Prep Unit <input type="checkbox"/> Display Case <input type="checkbox"/> Other: _____
<p style="text-align: center;">Hand Washing Station</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot Water Generating <input type="checkbox"/> Insulated Container with Heating Element <input type="checkbox"/> Min. of 5 Gal. Potable Water <input type="checkbox"/> Min of 6 Gal. Grey Water Container <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap <input type="checkbox"/> Trash Can <input type="checkbox"/> Other: _____ 	<p style="text-align: center;">Temperature Monitoring Devices</p> <ul style="list-style-type: none"> <input type="checkbox"/> Probe Thermometer <input type="checkbox"/> Infrared Thermometer <input type="checkbox"/> Temperature Data Recorder <input type="checkbox"/> Ambient Air Thermometer <input type="checkbox"/> Non-PHF (temperature control not required) <input type="checkbox"/> Other: _____
<p style="text-align: center;">Cooking Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stove <input type="checkbox"/> Propane Stand <input type="checkbox"/> Flat-Top Grill <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Kettle <input type="checkbox"/> Other: _____ 	<p style="text-align: center;">Food Dispensing Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Beverage Dispensing Unit <input type="checkbox"/> Condiment Dispensing Unit <input type="checkbox"/> Single-Use Items (boats, forks, knives, etc.) <input type="checkbox"/> Styrofoam Container <input type="checkbox"/> Plastic Container <input type="checkbox"/> Other: _____
<p style="text-align: center;">Hot Holding Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electric Cabinet <input type="checkbox"/> Insulated Hot Box <input type="checkbox"/> Steam Table <input type="checkbox"/> Chafing Dishes <input type="checkbox"/> Heat Lamp <input type="checkbox"/> Kettle / Soup Warmer <input type="checkbox"/> Water Bath <input type="checkbox"/> Other: _____ 	<p style="text-align: center;">Additional equipment not listed above</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Schedule B: Menu Description and Preparation

List menu items and place an "X" in each box that applies to that item*

Menu Item <i>Provide main ingredients</i>	Off-Site Preparation				Transport		On-Site Preparation			For Official Use Only <i>(Do not write in this area)</i>
	Pre-packaged	Cook	Cool	Portion/Assemble	Hot	Cold	Cook	Reheat	Portion/Assemble	
Example: Potato Salad (Red potatoes, onions, celery, mayonnaise, mustard, garlic powder, salt, pepper, paprika)		X	X			X			X	

***Please Note:** Similar items (e.g. variety of iced teas) may be listed together. Each individual assortment need not be listed unless preparation procedures are different.
Potentially hazardous food items must arrive on-site below 41°F or above 135°F, otherwise these items may be subject to disposal.

Schedule C: Illustration of Food Operation

Provide an overhead diagram of the vending space

Use the space below to draw an overhead view of your proposed food operation at the event. Please list and label all equipment. This should include, but is not limited to, cooking equipment, cold and hot holding equipment, hand washing facilities, worktables, food storage, waste containers, and self-service items. Refer to Appendix B.

(rear of the vending space)

(front of the vending space)

- **Cooking, preparation, and display is NOT allowed at the front of the vending unit without Health Department approval.**
- **Photos of set-up including all equipment may be provided in lieu of drawing.**