

CITY OF EASTPOINTE
GRATIOT CRUISE VENDOR APPLICATION

24th Annual Gratiot Cruise
Saturday, June 17, 2023

VENDOR LICENSE FEE - \$55.00 (License fees are non-refundable)

Currently Licensed Eastpointe Business - \$35.00

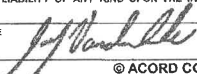
Expedited Processing Fee - \$50.00*

***(Additional fee for applications received within 7 days of event; after June 8, 2023)**

Incomplete applications will not be accepted!!

In addition to the license fee, the following items are mandatory.

1. Attach two (2) recent photographs of applicant to application (at least 2x2, passport size).
2. List of ALL authorized employees (Form attached). This is to be posted for the entire time of the event.
Applicant to be responsible for all Employees.
3. Applicant's fingerprints (new applicants only). Fingerprints can be obtained with the Macomb County Sheriff's Office, Records Office, Monday through Friday 8:00am – 4:00pm. Photo ID required. Fee for fingerprints is \$19.00.
4. Location and layout drawing required (Form attached).
 - a. Signed affidavit completed if not owner of property.
5. Signed Hold Harmless form (Form attached).
6. Proof of proper Health Department License (if food/drinks prepared on site).
7. Food Truck Inspection with Fire Marshal. No later than seven (7) days prior to the event. (if applicable)
8. Certificate of Insurance **must** be provided by Vendor and name THE "CITY OF EASTPOINTE AS ADDITIONAL INSURED." See Sample Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Additional Insured: City of Eastpointe, 23200 Gratiot Avenue, Eastpointe MI 48021	
CERTIFICATE HOLDER City of Eastpointe 23200 Gratiott Eastpointe, MI 48021	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

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Questions? Call the Clerk's Office at 586-445-3661 x2202
Email: hross@eastpointecity.org
Fax Number: 586-445-5191

The City Clerk, in accordance with Chapter 30, Article II, Sec. 30-25, **may** waive for a Non-Profit Organization and/or a Currently Licensed Business the following requirements:

- Applicant Fingerprinting
- Permit fee (non-profit only)

Note: If your business is classified as "non-profit", the first time you apply we need a copy of your 501c (3) papers.

The City reserves the right to reject any application for a permit if the following requirements are not submitted.



CITY of EASTPOINTE

EASTPOINTE

CLERK'S OFFICE

Phone: 586-445-3661 • Fax: 586-445-5191
www.cityofeastpointe.net

23200 GRATIOT AVENUE
EASTPOINTE, MI 48021

VENDOR LICENSE FEE - \$55.00

Currently Licensed Eastpointe Business - \$35.00

(License Fees are non-refundable)

Expedited Processing Fee - \$50.00*

***(Additional fee for applications received within 7 days of event; after June 8, 2023)**

24th Annual Gratiot Cruise Saturday, June 17, 2023

Merchandise to be sold: _____

Business/Vendor Name: _____ Phone: _____

Business Address: _____

City/State/Zip: _____

Applicant's Full Name: _____ Phone: _____

Applicant's Home Address: _____

City/State/Zip: _____

Occupation: _____ Date of Birth: _____ DL# _____

E-mail Address: _____

In accordance with the provisions of Chapter 30 of the Eastpointe Codified Ordinances, I hereby make application for a license to conduct the following business. I, the undersigned, acknowledge the requirements of all applicable ordinances and regulations of the City of Eastpointe and agree to comply.

Signature of Applicant _____ Date _____

VENDOR LOCATION _____ ADDRESS _____

****PERMIT ALLOWED FOR DESIGNATED LOCATION ONLY****

APPROVALS (For Office Use Only)

Building Official

Chief of Police

Fire Marshal

Treasurer

Approved _____

Approved _____

Approved _____

Approved _____

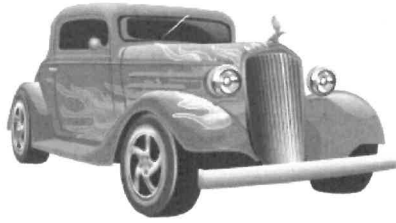
Disapproved _____

Disapproved _____

Disapproved _____

Disapproved _____





24th Annual Gratiot Cruise

Saturday, June 17, 2023

LICENSED VENDOR _____

LOCATION _____

AUTHORIZED TO SELL _____

LIST OF ALL PERSONS AUTHORIZED TO WORK THIS LOCATION

APPLICANT TO BE RESPONSIBLE FOR ALL EMPLOYEES

LIST OF ALL AUTHORIZED EMPLOYEES TO BE POSTED FOR ENTIRE TIME OF EVENT

PROPERTY OWNER PERMISSION AFFIDAVIT

To Property Owner:

By signing this affidavit, you are giving permission to _____ to use the
Vendor Name

property at _____ during the Gratiot Cruise on June 17, 2023.

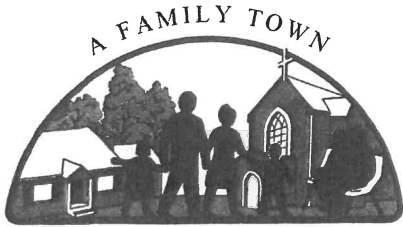
Print Name of Property Owner

Signature of property owner / date

Sidewalk									
(Show driveway here)									
Gratiot Ave	-----								

Please specify if you are using: _____ Tent _____ Canopy _____ Concession Trailer

If you are going to set up at multiple locations, this sheet is needed from each property owner.



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23200 GRATIOT AVENUE
EASTPOINTE, MI 48021

VENDOR REQUIREMENT

The following Hold Harmless Agreement must be agreed to by all vendors wishing to sell goods and services during the Gratiot Cruise before a permit will be issued.

HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, _____ agrees to defend, pay on behalf of, indemnify and hold harmless the City of Eastpointe, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Eastpointe against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Eastpointe, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Eastpointe by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, or any other matter which arises out of or is in any way connected or associated with the sale of goods and services during the Gratiot Cruise for which a permit was issued.

Company Name

Applicant Signature

Date





EASTPOINTE

CLERK'S OFFICE
Phone: 586-445-3661 • Fax: 586-445-5191
www.cityofeastpointe.net

CITY of EASTPOINTE

23200 GRATIOT AVENUE
EASTPOINTE, MI 48021

VENDOR REQUIREMENT

The following requirements must be met for all vendors wishing to sell goods and services outdoors during the Gratiot Cruise before a permit will be issued:

Low Hazard: Any individual or corporation selling less dangerous items such as T-shirts, other wearable or off-site services.

General Liability: \$500,000 per occurrence minimum limits for bodily injury and property damage, including Products and Completed Operations coverage at equal limits.
A rated insurance carrier by A.M. Best Company.
City of Eastpointe named as additional insured.

Workers Compensation: State Statutory limits covering all employees.

Automobile Liability: * \$500,000 CSL minimum limits for bodily injury and property damage.

High Hazard: Any individual or corporation selling more dangerous items such as any edible items, children's items, or services performed on premises.

General Liability: \$1,000,000 per occurrence minimum limits of bodily injury and property damage, including Products and Completed Operations coverage at equal limits.
A rated insurance carrier by A.M. Best Company.
City of Eastpointe\nnamed as additional insured.

Workers Compensation: State Statutory limits covering all employees.

Automobile Liability: * \$1,000,000 CSL minimum limits for bodily injury and property damage.

*Automobile Liability required if using vehicle to deliver, drop-off, or pick-up any items directly at booth.

Certificate of Insurance (**naming the City of Eastpointe as additional insured**) must be attached to the application with all the above items completed. **No exceptions.** The City of Eastpointe reserves the right to reject any application for permit if the above criteria are not completely satisfied.



**Michigan Department of Agriculture
& Rural Development (MDARD)
Notification of Intent to Operate a
Special Transitory Food Unit (STFU)**
Must be **received** four (4) days prior to event.

Name of STFU Unit: _____ License Number: _____
 Name of Operator: _____ Cell Number: _____
 Business Address: _____

 Email Address: _____ OK to Text?: Yes _____ No _____
 Name of Event: _____
 Operation: Start Date: _____ End Date: _____
 Hours of Operation: _____

Location of Operation: (Be specific)
 Operation Site: _____
 Address: _____ City: _____ County: _____

Name of the Local Health Department (LHD) where STFU is licensed: _____
 Or (See back for agency choices)
 If MDARD licensed, list the county where licensed: _____
 (county)
 Are you requesting a paid evaluation? Yes _____ No _____

Michigan's Food Law (Act 92 of 2000, as amended) states that an STFU license holder shall:

- **While in operation, request and receive 2 evaluations per licensing year spaced generally over the span of the operating season. These must be done while the STFU is operating at an event. Do not wait until the end of the year to get these done! When possible, schedule at least one with the LHD that processes your license.**
- A LHD and the MDARD shall charge a fee of \$90.00 for such an evaluation.
- Send a copy of all evaluation reports to **the LHD that processes your license** within 30 days after receipt.
- Before serving food within the jurisdiction of a LHD, notify the LHD in writing of each location in the jurisdiction at which food will be served and the dates and hours of service. The license holder shall mail the notice by first-class mail, fax, email, or hand-deliver the notice not less than 4 business days before any food is served or prepared for serving within the jurisdiction of the LHD. Contact information for LHD's is on the back of this form.

 FOR LHD / MDARD USE:
 Date of receipt of Notification _____

Michigan Local Health Departments & MDARD Office
Allegan County Health Department 3255 122 nd Ave, Suite 200 Allegan, Michigan 49010 Email: alleganeh@allegancounty.org Ph: (269) 673-5411 FAX: (269) 673-4172
Barry-Eaton District Health Department 1033 Health Care Drive Charlotte, Michigan 48813 Barry: Ph: (269) 945-9516 FAX: (269) 818-0237 Eaton: Ph: (517) 543-2430 FAX: (517) 541-2686
Bay County Health Department 1200 Washington Avenue Bay City, Michigan 48708 Email: environmentalhealth@baycounty.net Ph: (989) 895-4006 FAX: (989) 895-4014
Benzie-Leelanau District Health Department 6051 Frankfort Highway, Ste. 100 Benzonia, MI 49616 Email: ndow@bldhd.org Benzie: Ph: (231) 882-2103 FAX: (231) 882-2204 Leelanau: Ph: (231) 256-0201 FAX: (231) 256-0225
Berrien County Health Department 2149 E. Napier Ave. Benton Harbor, Michigan 49022 Ph: (269) 927-5623 FAX: (269) 927-2960
Branch-Hillsdale-St. Joseph Community Health Agency - Human Services Building 570 Marshall Road Coldwater, Michigan 49036 Branch: Ph: (517) 279-9561 X106 FAX: (517) 278-2923 Hillsdale: Ph: (517) 437-7395 X311 FX: (517) 437-0166 St. Joseph: Ph: (269) 273-2161 X233 FX: (269) 273-2452
Calhoun County Health Department 190 E. Michigan Avenue Battle Creek, Michigan 49017 Email: eh-vendors@calhouncountymi.org Ph: (269) 969-6341 FAX: (269) 969-6490
Central Michigan District Health Department 2012 E. Preston Avenue Mt. Pleasant, Michigan 48858 Ph: (989) 773-5921 FAX: (989) 773-4319 Counties: Arenac, Clare, Gladwin, Isabella, Osceola, Roscommon
Chippewa County Health Department 508 Ashmun Street, Suite 120 Sault Ste. Marie, Michigan 49783 Ph: (906) 635-3620 FAX: (906) 253-3140
Detroit Health Department Environnemental Health & Food Safety 100 Mack Ave – Third Floor Email: foodsafetyDHD@detroitmi.gov Detroit, Michigan 48201 Ph: (313) 876-0135 FAX: (313) 877-9262
Public Health, Delta & Menominee Counties 2920 College Avenue Escanaba, Michigan 49829-9597 Delta: Ph: (906) 786-9692 Fax: (906) 789-8147 Menominee: (906) 863-4451 Fax: (906) 863-7142
Dickinson-Iron District Health Department 601 Washington Avenue Iron River, Michigan 49935 Ph: (906) 265-9913 FAX: (906) 265-2950
District Health Department #2 630 Progress Street West Branch, Michigan 48661 Ph: (989) 345-5020 FAX: (989) 343-1899 Counties: Alcona, Iosco, Ogemaw, Oscoda
District Health Department #4 100 Woods Circle Alpena, Michigan 49707 Ph: (989) 356-4507 FAX: (989) 354-0855 Counties: Alpena, Cheboygan, Montmorency, Presque Isle
District Health Department #10 521 Cobbs Street Cadillac, Michigan 49601 Ph: (231) 775-9942 FAX: (231) 775-5372 Counties: Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Wexford

Genesee County Health Department 630 S. Saginaw Street, Suite 4 Flint, Michigan 48502-1540 Email: eh@gchd.us Ph: (810) 257-3603 FAX: (810) 257-3125
Grand Traverse County Health Department 2650 LaFranier Rd Traverse City, Michigan 49686 Email: eh@gtcountymi.gov Ph: (231) 995-6051 FAX: (231) 995-6033
Huron County Health Department 1142 S. Van Dyke Bad Axe, Michigan 48413 Email: h20@hchd.us Ph: (989) 269-9721 FAX: (989) 269-4181
Ingham County Health Department 5303 S. Cedar, P.O. Box 30161 Lansing, Michigan 48909 Email: emerz@ingham.org Ph: (517) 887-4312 FAX: (517) 887-4560
Ionia County Health Department 175 East Adams Street Ionia, Michigan 48846 Ph: (616) 527-5341 FAX: (616) 527-8202
Jackson County Health Department 1715 Lansing Avenue Jackson, Michigan 49202 Email: ehhealth@mijackson.org Ph: (517) 788-4433 FAX: (517) 788-4616
Kalamazoo County Health & Community Services Dept. 311 East Alcott Street Kalamazoo, Michigan 49001 Email: ehfood@kalcounty.com Ph: (269) 373-5210 FAX: (269) 373-5333
Kent County Health Department 700 Fuller Avenue Grand Rapids, Michigan 49503 Email: KCEHmail@kentcountymi.gov Ph: (616) 632-6900 FAX: (616) 632-6892
Lapeer County Health Department 1800 Imlay City Road Lapeer, Michigan 48446 Ph: (810) 667-0392 FAX: (810) 667-0283
Lenawee County Health Department 1040 S. Winter, Suite 2328 Adrian, Michigan 49221-3871 Email: ehdesk@lenawee.mi.us Ph: (517) 264-5213 FAX: (517) 264-0790
Livingston County Health Department 2300 East Grand River, Suite #102 Howell, Michigan 48843-7578 Email: Health@livgov.com Ph: (517) 546-9858 FAX: (517) 546-9853
Luce-Mackinac-Alger-Schoolcraft (LMAS) District Health Department 14150 Hamilton Lake Road Newberry, Michigan 49868 Luce: Ph: (906) 293-1303 FAX: (906) 293-5453 Mackinac: FAX: (906) 643-0239 Alger: FAX: (906) 387-2224 Schoolcraft: FAX: (906) 341-5230
Macomb County Health Department 43525 Elizabeth Road Mt. Clemens, Michigan 48043 Email: environmental.health@macombgov.org Ph: (586) 469-5236 FAX: (586) 469-6534
Marquette County Health Department 184 U.S. 41 East Negaunee, Michigan 49866 Email: EHAdmin@mtqco.org Ph: (906) 475-4195 FAX: (906) 475-6500
Mid-Michigan District Health Department 615 N. State Road, Suite 2 Stanton, Michigan 48888 Ph: (989) 831-3607 FAX: (989) 831-9227 Counties: Clinton, Gratiot, Montcalm
Midland County Department of Public Health 220 W. Ellsworth Street Midland, Michigan 48640-5194 Email: ehinfo@co.midland.mi.us Ph: (989) 486-9065 FAX: (989) 832-6380

Monroe County Health Department 2353 S. Custer Road Monroe, Michigan 48161 Email: eh_frontdesk@monroemi.org Ph: (734) 240-7900 FAX: (734) 240-7948
Public Health - Muskegon County 209 East Apple Ave. Muskegon, Michigan 49442 Email: PublicHealth.FoodService@co.muskegon.mi.us Ph: (231) 724-4406
The Health Department of Northwest Michigan 220 W. Garfield Charlevoix, Michigan 49720 Email: ehfood@nwhealth.org Ph: (231) 547-6523 FAX: (231) 547-6238 Counties: Antrim, Charlevoix, Emmet, Otsego
Oakland County Health Division 1200 N. Telegraph Road, Bldg. 34 E Pontiac, Michigan 48341-0432 Email: EHClersks@oakgov.com Ph: (248) 858-1312 FAX: (248) 452-9758
Ottawa County Department of Public Health 12251 James St, Suite 200 Holland, Michigan 49424 Email: environmentalhealth@miottawa.org Ph: (616) 393-5645 FAX: (616) 393-5643
Saginaw County Health Department 1600 N. Michigan Avenue Saginaw, Michigan 48602 Email: eh@saginawcounty.com Ph: (989) 758-3686 FAX: (989) 758-3711
St. Clair County Health Department 3415 28th Street Port Huron, Michigan 48060 Email: environmentalhealth@st.claircounty.org Ph: (810) 987-5306 FAX: (810) 985-5533
Sanilac County Health Department 171 Dawson Street Sandusky, Michigan 48471 Ph: (810) 648-2150 X124 FAX: (810) 648-2646
Shiawassee County Health Department 201 N. Shiawassee Street Corunna, Michigan 48817 Email: shiaeh@shiawasseechd.net Ph: (989) 743-2390 FAX: (989) 743-2413
Tuscola County Health Department 1309 Cleaver Road Caro, Michigan 48723-8114 Ph: (989) 673-8114 FAX: (989) 673-7490
Van Buren-Cass District Health Department 260 South St. Lawrence, Michigan 49064 Ph: (269) 621-3143 FAX: (269) 621-2725 Cass: FAX: (269) 782-0121
Washtenaw County Public Health Department Environmental Health Division 705 N. Zeeb Rd, P.O. Box 8645 Ann Arbor, MI 48107-8645 Ph: (734) 222-3800 FAX: (734) 222-3930
Wayne County Public Health 33030 Van Born Road Wayne, Michigan 48184 Email: foodsafety@waynecounty.com Ph: (734) 727-7400 FAX: (734) 727-7165
Western Upper Peninsula Health Department 540 Depot Hancock, Michigan 49930 Email: requests@wuphd.org Ph: (906) 482-7382 FAX: (906) 482-9410 Counties: Baraga, Gogebic, Houghton, Keweenaw, Ontonagon
MDARD Office: MDA, Food and Dairy Division P.O. Box 30017 Lansing, MI 48909 Email: fooddairyinfo@michigan.gov Ph: (800) 292-3939



Health Department

Environmental Health Services Division
43525 Elizabeth Road
Mount Clemens, Michigan 48043-1078
Phone: 586-469-5236 Fax: 586-469-6534
email:environmental.health@macombgov.org
www.macombgov.org/health

TEMPORARY FOOD SERVICE

Dear Applicant:

This application is provided for temporary food service operators who are unable to apply for licenses in person. A separate application must be completed for each temporary food service establishment. Please provide all the information requested. It is important that a daytime telephone number be provided so we can contact you prior to the event to verify the menu and explain general operational requirements.

2023 Temporary Food Service License Fees:

Table with 2 columns: Application received 5 or more full business days prior to event start date (\$143.00 *), Application received 1 - 4 full business days prior to event start date (\$263.00 *)

* Religious, charitable, fraternal, service, civic or other non-profit organizations are exempt from paying the State portion of the license fee; and, therefore, should deduct \$4.00 from the fee amounts.

Please be advised that the Macomb County Health Department requires all temporary food applications and fees to be received in the office at least one full business day prior to the scheduled event. Your temporary set-up will NOT be permitted to operate if application is received less than one full business day in advance of the event. Refunds for cancellations will be made only if this department is contacted in advance of the scheduled date of the event.

Should you have questions regarding completion of this form or requirements for temporary food service establishments, please contact this Department at either 586-469-5236 or 586-465-8030.

REQUESTS RECEIVED LESS THAN 1 BUSINESS DAY PRIOR TO THE EVENT WILL NOT BE PROCESSED

- Ownership: [] Individual, [] Partnership, [] Corporation or Firm, [] Governmental, [] Religious, [] Charitable, [] Fraternal, [] Civic, [] Other

MAIL TO: MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 ELIZABETH ROAD
MT. CLEMENS, MICHIGAN 48043
586-469-5236

Office Hours: 8:30 a.m. – 5:00 p.m. / Monday – Friday

FOR M.C.H.D. USE ONLY

Receipt Number: _____ Date: _____

License Number: _____

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: _____
 Main Contact: _____ Email: _____
 Mailing Address: _____ City: _____ State: ____ Zip: _____
 Primary Phone: _____ Cell Phone: _____ Fax : _____
 Alternative Contact: Name: _____ Phone: _____

PUBLIC EVENT INFORMATION: Name of Public Event: _____

Food Service Start Date: ____/____/____ Serving Start Time: _____ AM/PM
 Ending Date: ____/____/____ End Time: _____ AM/PM
 When will food preparation begin? Date: ____/____/____ Starting Time: _____ AM/PM
 Event Location (Name & Address): _____
 Event Coordinator Name: _____ Phone: _____

If Applicable, Non Profit Tax ID #: _____

I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.

Applicant Name (Print) _____
 Applicant Signature: _____ Date: _____

Estimated Number of Meals to be Served Each Day: _____

EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

- | | | |
|---|---|--|
| <p>A Hand Wash Station</p> <p><input type="checkbox"/> Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket</p> <p><input type="checkbox"/> Hand sink</p> <p><input type="checkbox"/> Self-contained portable unit</p> <p><input type="checkbox"/> Other _____</p> | <p>B Cooking/Reheating Equipment</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Roaster</p> <p><input type="checkbox"/> Other _____</p> | <p>C Cold/Hot Holding Equipment</p> <p><input type="checkbox"/> Ice chest/cooler with ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Chafing dish w/ fuel</p> <p><input type="checkbox"/> Slow cooker/roaster</p> <p><input type="checkbox"/> Other _____</p> |
| <p>D Floor/Overhead Protection*</p> <p><input type="checkbox"/> Food is prepared & served indoors</p> <p><input type="checkbox"/> Floors are cleanable and Impermeable
Describe: _____</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Other _____</p> | <p>E Cleaning/Sanitizing</p> <p><input type="checkbox"/> Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)</p> <p><input type="checkbox"/> Extra utensils</p> <p><input type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s)</p> <p><input type="checkbox"/> Sanitizer</p> | <p>F Other</p> <p><input type="checkbox"/> Chemical test strips to test sanitizer solution</p> <p><input type="checkbox"/> Metal stem thermometer</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hair restraints</p> <p><input type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Water source (circle all that apply)
Municipal/City Water Well Bottled</p> |

*If extensive food handling occurs, it must be done in a fully enclosed space.

ADDENDUM A:

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

I, _____ allow _____
Licensed Food Service Operator/Owner *Organization*

to use _____
Name & Address of Licensed Facility Used *Facility License Number*

For: _____ Food Preparation _____ Cold Food Storage _____ Cooking _____ Cooling Food _____ Hot Holding
_____ Dry Food Storage _____ Warewashing _____ Approved Water Supply _____ Waste water Disposal
_____ Other: _____

Date(s) Licensed Facility will be used for this event: _____ to _____ Time of use: _____ AM/PM to _____ AM/PM

Signature of Licensed Facility Owner/Operator _____
Date

For Office Use Only

APPROVED _____ DENIED _____

COMMENTS: _____