

**Return this form and all attachments to the Legal Department 10 days prior to the event**

## CHECK OFF LIST FOR CITY EVENTS

Name of City employee accepting application: \_\_\_\_\_

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

Event Date: \_\_\_\_\_

Initials


Agreed by Legal

Agreed by Business License

NAME OF EVENT: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_

Type of Business/Organization: \_\_\_\_\_

Non-Profit: Yes ☐

No ☐

**Items below are to be checked off by a City of St. George employee only**

Done

### Mandatory items that must be attached to the application

<input type="checkbox"/>	Verify the Event Guidelines - Application Agreement is signed
<input type="checkbox"/>	Copy of the Southwest Utah Public Health Permit attached (EXAMPLE ATTACHED for food vendors only)
<input type="checkbox"/>	Copy of the Food Handlers Permit attached (EXAMPLE ATTACHED for food vendors only)
<input type="checkbox"/>	A Tax number is required, and will be assigned to each applicant at the event
<input type="checkbox"/>	Applicants information must be listed on the SUB-LICENSE BUSINESS LICENSE LIST There is a \$5.00 license fee for each applicant.

**TAX-EXEMPT ORGANIZATIONS ARE NOT REQUIRED TO PROVIDE PROOF OF INSURANCE**

Done

### Mandatory Liability Insurance Certificate

<input type="checkbox"/>	Copy of applicants Insurance Certificate attached (EXAMPLE ATTACHED)
<input type="checkbox"/>	Verify the Insurance certificate has the applications business name on it
<input type="checkbox"/>	Verify the Insurance certificate has current policy dates listed
<input type="checkbox"/>	Verify the insurance certificate list the City of St. George as an additional insured
<input type="checkbox"/>	Verify the certificate has the name and dates of the event
<input type="checkbox"/>	Verify the insurance policy limits are correct

**If all boxes are not checked off DO NOT ACCEPT the application**

#### Required Insurance Limits

Each Occurrence	See attached
General Aggregate	
Damage to Property	

These insurance limits are subject to change:

Revised as of 11/15/2010

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

## PRODUCER

Insurance Provider name and address here.  
Provider must be registered to do business in the U.S.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

## INSURED

Your Company name or DBA and address here.  
Company name must match exact name on application.

The COI must meet ALL mandatory  
Requirements hi-lighted

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		Policy Start date	Must expire after date	<b>EACH OCCURRENCE</b> \$ 674,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>GENERAL AGGREGATE</b> \$ 2,308,400.00 PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER Property Damage				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Each Occurrence \$ 269,700.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: City of St. George Utah - With respects to the Insured Participation in:

(name and date of event)

## CERTIFICATE HOLDER

City of St. George  
Attn:  
175 East 200 North  
St. George, UT 84770

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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

Handwritten Signature

**CITY OF ST. GEORGE**  
175 East 200 North  
St. George, Utah 84770  
**APPLICATION FOR BUSINESS LICENSE**  
(Lessee Sub-License)

Event Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Temporary Special Event Sales Tax Number \_\_\_\_\_

Applicants Drivers License Number State \_\_\_\_\_ Number \_\_\_\_\_

Location of Sales Point (booth or stall, if numbered) \_\_\_\_\_

Product or Service Sold \_\_\_\_\_

Name of Sales Person if Not Applicant \_\_\_\_\_

If Corporation of Partnership, Give Names and Address of Officers of General Partners

**LICENSE FEE PAYABLE:**

Five (5) Day License Fee	(\$5.00)	\$ _____
Thirty (30) Day License Fee	(\$10.00)	\$ _____
<b>TOTAL</b>		\$ _____

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my license. I also understand that the City License Officer may require additional information as permitted by the ordinance, and I also agree to supply the same part of this application.

Application Completed by (please print) \_\_\_\_\_ Title \_\_\_\_\_

Authorized Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_ Business L.O. \_\_\_\_\_



# TEMPORARY FOOD SERVICE APPLICATION

## Fee Schedule

Temporary Permit (May Not Exceed 14 days)	1 Day	\$25. <sup>00</sup>	+\$25. <sup>00</sup> if issued On-Site
	2-3 Days	\$50. <sup>00</sup>	+\$25. <sup>00</sup> if issued On-Site
	4-14 Days	\$75. <sup>00</sup>	+\$25. <sup>00</sup> if issued On-Site
Seasonal Permit		\$100. <sup>00</sup>	Contact office for details

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

Business Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
(This name will appear on the license and should be the name on the booth)

Mailing Address: \_\_\_\_\_  
☐ Use Business Owner Address City State Zip

E-Mail Address: \_\_\_\_\_

Type of Business: ☐ Corporation ☐ Individual ☐ Legal Owner ☐ Owner Operator ☐ Partnership

Name of Business Owner: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
(NAME OF CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

Business Owner Address: \_\_\_\_\_  
☐ Use Mailing Address City State Zip

Principle Contact Person: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Type of Operation: ☐ Single event (Good for any one event not to exceed 14 consecutive days)  
☐ 6 Month Seasonal Permit (valid for up to six months. Contact office for details.)

Name of Event: \_\_\_\_\_ Date(s) \_\_\_\_\_

Location of Event: \_\_\_\_\_

Event Host: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ City State Zip

Will all food be prepared at the Temporary Food Service location? ☐ Yes ☐ No

If No, give the name and address of the approved commercial kitchen where food will be prepared:

Name of Kitchen: \_\_\_\_\_ Address: \_\_\_\_\_

**List ALL prepared food menu items to be served (include prepared drinks, desserts, salads, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL MENU ITEMS REQUIRE HEALTH DEPARTMENT APPROVAL!

How will food be kept COLD? ☐ Ice chests ☐ Onsite refrigerator ☐ Onsite freezer ☐ Other: \_\_\_\_\_

How will food be kept HOT? ☐ Cooked to order ☐ Chafing dish/ crock pot/ roaster ☐ Other: \_\_\_\_\_

How will cleaning cloths be sanitized? ☐ Sanitizing wipes ☐ Bleach water solution (use test strips) ☐ Other: \_\_\_\_\_

How will hand washing facilities be provided? (Hand washing facilities MUST be located within 25 feet of food preparation areas).

How will trash be disposed of? ☐ Disposal provided by the event ☐ Other: \_\_\_\_\_

How will waste water be disposed of? (Do not dump waste water on the ground or in storm sewers!) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**EVERYONE PREPARING FOOD IS REQUIRED TO HAVE A FOOD HANDLER PERMIT.**

PLEASE VISIT [WWW.SWUHEALTH.ORG](http://WWW.SWUHEALTH.ORG) FOR CLASS INFORMATION.

Signature of Health Department Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: ☐ Rejected: ☐

Fees Received \$ \_\_\_\_\_  
Initials

FOR OFFICE USE ONLY

Category  
☐ T1 ☐ T2 ☐ T3 ☐ S1 ☐ S2 ☐ S3

WWW.SWUHEALTH.ORG

14. Dust and wind blown debris must be controlled.

15. You must collect and dispose of any liquid wastes legally, including hand wash waste. Any liquid waste, which is not discharged directly into a sewage system (not a storm drain) must be collected and legally disposed of.

16. All waste food, food scraps or food residues, including drippings, oil and wash water, must be caught or collected and disposed of properly by you.

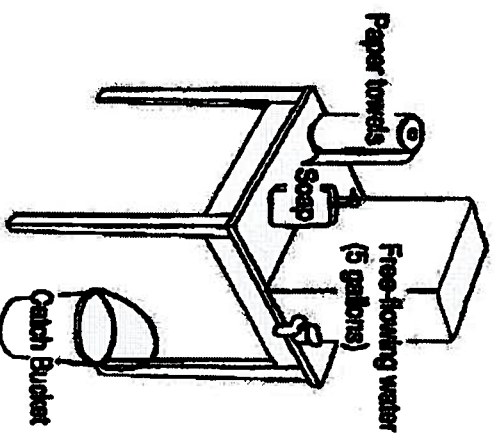
**The Southwest Utah Public Health**  
Department reserves the right to prohibit or discontinue, without warning, any food operation it deems a threat to the public health or safety.

**"Potentially hazardous" foods** mean any food or ingredient, natural or synthetic, in a form capable of supporting the growth of infectious or toxigenic microorganisms. This term includes raw or heat-treated foods of animal origin, raw seed sprouts and treated foods of plant origin. The term does not include foods, which have a pH level of 4.6 or below, or a water activity (Aw) value of 0.85 or less.

**Examples:** Raw or cooked hamburger, hot dogs, bar-b-que pork and chicken, macaroni salad, potato salad, ice cream, prepared fruit and lettuce salads, etc.

Please contact the Environmental Health Division of Southwest Utah Public Health Department for additional information on requirements for food service and to register your activities.

### Correct Handwashing Set-up



**Washington & Kane Counties Contact**  
Southwest Utah Public Health Department  
Environmental Health

(435) 986-2580  
620 S. 400 E.  
Suite # 400  
St. George, UT 84770

**Iron, Beaver, & Garfield Counties Contact**  
Southwest Utah Public Health Department  
Environmental Health  
(435) 865-5180  
260 E. DL Sargent Dr.  
Cedar City, UT 84721

#### On The Web

<http://www.swuhealth.org/environmentalhealth.php>

Other Sources of food safety information:

Utah food service rules on the web:

<http://www.rules.utah.gov/publicat/coder/392/392-100.htm>



SOUTHWEST UTAH  
PUBLIC HEALTH  
DEPARTMENT  
Protect • Promote • Prevent

# Temporary

# Food Service

# Establishments

Southwest Utah Public Health Department loves special events, especially those serving good food. Unfortunately, if the food served is not handled or prepared properly it can cause illness or food poisoning. To help prevent this, there are some things you need to know. This guide has been prepared to help you plan and prepare food safely at any of the special events that take place in our area. Please read it carefully. Should you have any questions, please contact the Southwest Utah Public Health Department division of Environmental Health for assistance.

There are five things you **MUST** keep in mind when planning to cook and serve potentially hazardous\* foods outside a commercial restaurant.

- Keep your menu simple.
- Always buy foods from an inspected commercial establishment;
- Always cook, heat or cool foods rapidly. Keep raw foods and cold foods cold (below 40°F) and cooked foods hot (above 140°F.);
- Always start with clean equipment and re-clean and sanitize it every hour or when it gets soiled;
- Always use utensils to handle food; never your hands; and keep all foods tightly covered.

#### Guidelines

Temporary food permits are required at special events or any public gathering or similar events where food is prepared and served to the public. The following guidelines for food service at these special events have been developed from Utah Rules R392-100, "Food Service Sanitation" and from sound food handling practices.

1. Any food service operation serving food more than one or more days in any one fourteen day period must secure a permit from Environmental Health Division of Southwest Utah Public Health Department prior to the event.
2. All persons working with food are required to have a valid food safety permit

3. All foods, including ice and water, must be obtained from sources approved satisfactory by the Environmental Health Division of Southwest Utah Public Health Department. If water is supplied through a hose, the hose must be NSF approved.

4. Potentially hazardous\*, cooked or raw cold foods require refrigeration and must be maintained at 40° F or below at all times. Potentially hazardous\* hot foods must be maintained at 140° F or above at all times. A probe thermometer will be required at each preparation site for you to check these temperatures.

5. All potentially hazardous\* food must arrive ready to be served or ready to be cooked, and when cooked, must require minimal preparation to be served. An enclosed facility will be required for more involved food service activities.

6. Keep all foods protected from dust, dirt, insects and other sources of contamination during storage, cooking, preparation, display, and service.

7. Seafood or shell stock, in any form, may not be served.

8. Don't let people with boils, infected wounds, diarrhea, respiratory infections accompanied by fever or other communicable diseases prepare or help with your food stand.

9. Be sure to wear clean outer garments and effective hair restraints. Tobacco will not be allowed in the preparation and service areas.

10. Equipment and utensils must be kitchen grade, clean and in good repair and stored protected from dirt and insects. If using disposable eating utensils keep sufficient quantities for your customers.

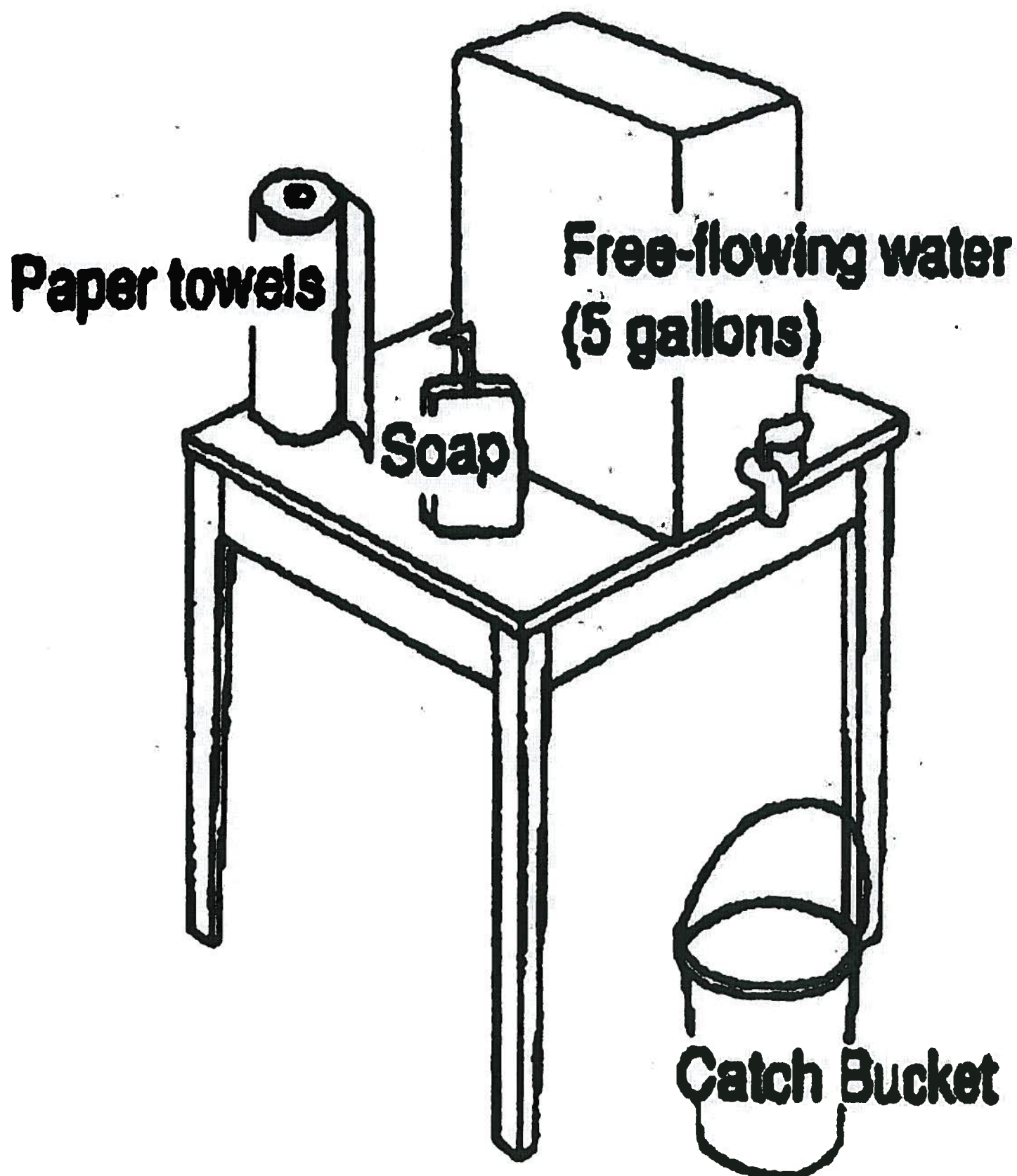
11. All equipment and utensils must be kept clean and protected from contamination throughout their use. Other requirements may be applied if deemed necessary by the Environmental Health Officer.

12. Make plans to ensure clean hands. When a hand wash lavatory with hot and cold water under pressure is not available, a catch pan, a container of water, soap, and disposable towels are required. Disposable food-handling gloves, disposable moist-type sanitizing towelettes, and hand sanitizers are also encouraged.

13. Food items **MUST** be protected from the consumer and the environment.

- No storage of food or food contact items on the ground.
- All foods must have guards or shields in place or covered at all times
- Available condiment must be in proper dispensers. (Food grade plastic squeeze bottles, individually wrapped straws, etc.)

# Correct Handwashing Set-up





# EXAMPLE OF SOUTHWEST UTAH PUBLIC HEALTH PERMIT

## Southwest Utah Public Health Department ENVIRONMENTAL HEALTH PERMIT TO OPERATE

\_\_\_\_\_  
(Type of Operation Authorized)

Issued To

On date of issue, the facility was found to be in compliance with applicable rules, regulations and standards and is issued this Permit to operate.  
This permit is nontransferable and may be revoked for cause.

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Director

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Permit Number

\_\_\_\_\_  
Environmental Health Specialist

*This permit must be posted on premise visible to public*



# EXAMPLE OF FOOD HANDLERS PERMIT

58515 FOOD SERVICE  
PERSONNEL PERMIT  
SOUTHWEST ILLINOIS  
PUBLIC HEALTH  
DEPT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Expires: \_\_\_\_\_  
Signature: \_\_\_\_\_  
District Health Officer: \_\_\_\_\_