

2020 TEMPORARY VENDOR APPLICATION

Healthy. Vibrant.
Everyone. Everywhere.

APPLICATION, FEES, AND COMMISSARY LETTER MUST BE RECEIVED FROM THE COORDINATOR AT LEAST 2 WEEKS BEFORE THE EVENT.

A LICENSED COMMERCIAL KITCHEN MUST BE USED TO OPERATE A TEMPORARY FOOD OPERATION FROM – NO HOME BASED OPERATIONS ALLOWED PER CITY ORDINANCE (SEC 11-149).

\$70 Temporary Vendor \$70 Hot Food Sampling \$0 Cold Sampling Number of Booths: _____

NAME OF EVENT _____		DATES _____	
LOCATION OF EVENT _____		TIMES _____	
NAME OF VENDOR BOOTH _____			
NAME OF APPLICANT _____		PHONE# _____	
NAME OF LICENSED COMMISSARY KITCHEN _____			
ADDRESS _____			
STREET	CITY	STATE	ZIP

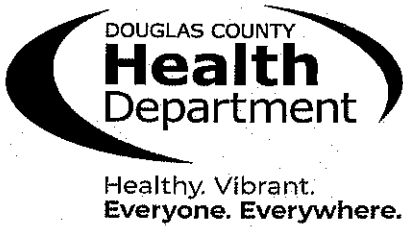
- Provide hand washing, sanitizer pails, and ware washing setup like Diagram on Page 2.
- List all food and drink items to be served _____
- Describe the method of maintaining temperatures for Hot/Cold foods during transportation to site? _____
- How will you keep hot foods at 135°F or above? _____
- How will you keep cold foods at 41°F or less? _____
- Describe the type of tent or booth structure (canopy, sides, floor) _____
- Describe your equipment to protect food from customer contamination (lids, sneeze guards, etc.) _____
- Where will your approved water source be obtained from? _____
- How will food waste and wastewater be disposed of? _____

➤ **Hand Sanitizer is NOT an Approved Substitute for Hand Washing**

FEE PAID \$ _____ CASH/CHECK# _____ EMPLOYEE: _____

***APPLICATION FEE IS NONREFUNDABLE**

OFFICE USE ONLY



FOOD COMMISSARY CERTIFICATION LETTER
Required for Temporary Vendors and/or Food Sampling

402-444-7480

Statement of Record (Type or print clearly)

This is to certify that: (Applicant) _____

Doing Business As: _____ Address _____

City _____ State _____ Zip _____

Applicants Signiture: _____

will use the below listed establishment as an approved commissary to supply foods for the purpose of Food Catering, Food Processing/Warehousing, Mobile Food Vending, or Temporary Foodservice in Douglas County or the Omaha City limits. In the event that the applicant ceases to use the establishment as their approved commissary or if the establishment's license is no longer valid, the licensed establishment owner shall notify the Health Officer immediately at (402)444-7480.

Name of Licensed Commercial Establishment (Commissary): _____

Address: _____ City _____ Zip _____ Phone (____) _____ - _____

Licensed Commercial Establishment (Commissary) Owner's Name: (Please Print) _____

Date: _____

Licensed Commercial Establishment (Commissary) Owner's Signature: **(TO BE NOTARIZED)**

*To be signed in person by **Licensed Commercial Establishment Owner (Commissary) Only***

ACKNOWLEDGEMENT

State of Nebraska

County of _____

The foregoing instrument was acknowledged before me this

_____ by _____
(date) (Signature of Commissary Owner acknowledged)

Notary Public Signature

FOR OFFICE USE ONLY APPROVED: [] DISAPPROVED: []

BY _____ DATE: _____ INSPECTOR # _____