

**Temporary Event Vendor Receipt,
Application and Inspection**

T 999999

DO NOT WRITE IN
THIS SPACE

FOR VALIDATION
PURPOSES

1 Receipt Date		2 Remittance	
Month	Day	Year	<input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> None
		Remittance #	
3 Duration / Transaction / Rank / Amount		4 Federal Employer ID No (FEIN)	
CLIENT CODE 2016	<input type="checkbox"/> 1-3 day / 1030 / TMP1 / \$91 <input type="checkbox"/> 4-30 day / 1031 / TMP4 / \$105 <input type="checkbox"/> Annual / 1032 / TEMP / \$456 <input type="checkbox"/> Already Licensed-DBPR Permanent / 1035 / TLIC / No fee <input type="checkbox"/> Already Licensed-Annual Temp / 1034 / TANN / No fee <input type="checkbox"/> Already Licensed-FDACS / 1036 / TDACS / No fee		5 *Social Security Number (*see reverse for notice)
	6 Open Date (Event Begins)		Month Day Year
	7 Expiry Date (Event Ends)		Month Day Year
	DBPR Client Code DBPR or FDACS Lic #		
8 ** Licensee Name and Mailing Address (MA, LM) (**see reverse for notice)			
Name		Phone	
Address		E-mail	
City	State	Zip	County Country
9 Business Name (DBA):			
10 Event Name and Location Address (LL)			
Event Name		Phone	
Address		Inspector Area # D	
City	Zip	County	Free Standing = Yes
11 Sales Tax Registration Number:			
12 INSPECTION REPORT			
		Time In	Time Out
FOOD TEMPERATURES	Type of Food	Temperature	Type of Food Temperature
KEY: IN = IN COMPLIANCE OUT = NOT IN COMPLIANCE N/O = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON-SITE			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN	OUT	N/O	COS
APPROVED SOURCE AND ADEQUATE WATER SUPPLY		FOOD SAFETY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water from an approved source; adequate potable water supply provided		Consumer advisory present for raw / undercooked animal foods	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food from approved source/no home preparation		Food cooked and reheated for hot holding to proper temperature	
HAND WASHING, NO BARE HAND CONTACT AND EMPLOYEE HEALTH		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwash facility provided (e.g., Igloo® cooler with on/off valve)		Hot food maintained at 135° F or hotter	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and disposable towels provided		Cold food maintained at 41° F or colder	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands washed and clean, as required		Food cooled from 135° F to 70° F within 2 hours; from 135° F to 41° F within a total of 6 hours	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with ready-to-eat food		Food cooled from ambient temperature to 41° F within 4 hours	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ill employees restricted / excluded		Food protected against environmental contamination and cross contamination	
SANITIZATION		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A		Raw and ready-to-eat foods properly separated	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper sanitization ____ ppm		Displayed food protected (e.g., sneeze guard)	
<input type="checkbox"/>		<input type="checkbox"/>	
Food stored at least 6 inches off floor and ground		<input type="checkbox"/>	
COMMENTS			
GOOD RETAIL PRACTICES			
IN	OUT	N/O	COS
WATER, PLUMBING AND WASTE		THERMOMETERS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three-compartment sink present (or access to three-compartment sink - spare utensils available); chemical test kit		Thermometers provided in hot and cold holding units	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food grade hoses used for potable water		Probe thermometer available; calibrated	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage/waste water disposed into sewage system		GENERAL	
PHYSICAL FACILITIES		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead protection provided; walls (if needed) protect against weather and windblown dust and debris		Single-service items protected / properly stored	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dustless flooring (concrete, asphalt, dirt, grass, or gravel, etc.)		Other:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vermin control		Inspection Completed - Any violations noted must be corrected prior to operation	
		RESULTS	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		WARNING: Violations noted must be corrected by:	
LEGAL NOTICE: Issuance of this receipt allows operation at the above event unless an inspection warning was given. License is not transferable. License (except annual temporary event license) is not valid for any other events. Failure to correct violations noted above may result in suspension or revocation of your license to operate. I acknowledge receipt of this inspection form and comments.			
1 Applicant Name - Printed and Signed		14 Inspector Name - Printed and Signed	

* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

**For establishments owned or operated by partnerships, corporations or cooperatives, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity and the name, address, and social security numbers of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.