



Temporary Food Facility Permit Application Campus Organizations

California State University San Marcos • Safety, Health & Sustainability Services
333 S. Twin Oaks Valley Road • San Marcos, CA 92096 • Craven Hall 4700 • (760) 750-4502

ORGANIZATION NAME: _____

ORGANIZATION REPRESENTATIVE (last name, first): _____

PHONE: _____ E-MAIL: _____

NAME OF EVENT: _____ EVENT TYPE: One Time Recurring

DATE(S) OF EVENT: _____

TYPE OF BOOTH:

PREPACKAGED FOODS UNPACKAGED FOODS MOBILE FOOD FACILITY (COUNTY PERMIT #) _____

LIST FOOD AND BEVERAGES TO BE SERVED (COMPLETE MENU)

WHERE WILL THE PRE-MADE OR PRE-COOKED FOOD(S) BE OBTAINED? (include names, addresses and phone numbers):

Business Name: _____	Business Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Phone #: _____	Phone #: _____

DESCRIBE FOOD PREPARATION, HANDLING, AND SERVING ACTIVITIES: (ex. Grilling, assembling, scooping, pouring, customer self-serve, etc)

TYPES OF FOOD PROTECTION EQUIPMENT THAT WILL BE USED TO ENSURE POTENTIALLY HAZARDOUS FOODS ARE KEPT HOT OR COLD DURING HOLDING TIME (check all that apply):

- None
 Ice Chest
 Ice Bath
 Hot Plate
 Rice Cooker
 Sterno Tray
 Coffee Pot
 Chafing Dish
 Others: _____

UTENSIL WASHING SINK (3 COMPARTMENT) VENDOR PROVIDED ORGANIZER PROVIDED NOT REQUIRED

HANDWASHING STATION VENDOR PROVIDED ORGANIZER PROVIDED NOT REQUIRED

FIRE EXTINGUISHER VENDOR PROVIDED ORGANIZER PROVIDED NOT REQUIRED

PLEASE SUBMIT TO foodsafety@csusm.edu OR FAX TO (760) 750-3208.

FOR ADDITIONAL INFORMATION REGARDING THIS FORM PLEASE CONTACT: Jennifer Ralph, REHS at 760-750-4502.

For SHS Use Only: APPROVED By: _____ Date: _____