

Dally In the Alley

Saturday, September 8th, 2018

**Sponsored by:**

**North Cass Community Union**

4632 Second Ave.

Detroit, MI 48201

**TFE Vendor Application**

Name of Business: \_\_\_\_\_

Proprietor/Contact Person(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Detroit Restaurant License/STFU License: \_\_\_\_\_

**Cost of Space \$775**

\* Includes permits, city fees, booth space, and electricity

Applications to be completed in full by **August 3rd**

Payment must be submitted by **August 17th.**

Please make checks payable to "Dally in the Alley"

Dally Contact Information:

Janelle: 989-430-8384

## TEMPORARY FOOD ESTABLISHMENT 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><b>A Hand Wash Station</b></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>B Cooking/Reheating Equipment</b></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><b>C Cold/Hot Holding Equipment</b></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><b>D Floor/Overhead Protection*</b></p> <p><input type="checkbox"/> Food is prepared &amp; served indoors</p> <p><input type="checkbox"/> Floors are cleanable and impermeable<br/>Describe: _____</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Other _____</p> | <p><b>E Cleaning/Sanitizing</b></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><b>F Other</b></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)<br/>                 Municipal/ City Water Well Bottled</p> |

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



# COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must be reviewed and approved by the health department. 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 \_\_\_\_\_

<i>For Office Use Only</i>	
APPROVED _____	DENIED _____
COMMENTS: _____	

Consumer Affairs  
Business License Center  
105 Coleman A. Young Municipal Center  
(313) 224-3179

**SPECIAL EVENT VENDOR APPLICATION**

Vendor Name: FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

Corp. Name: \_\_\_\_\_

D.B.A. \_\_\_\_\_

Business Address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone # (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License or State Identification # \_\_\_\_\_

Date of Birth \_\_\_\_\_

War Veteran: Fee Waived (Sec. 41-2-22.5 (b) )

YES \_\_\_\_\_ (must include copy of DD214 Honorable Discharge – NO \_\_\_\_\_

.....  
Event Name: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Event Date (s): \_\_\_\_\_ # Of Days \_\_\_\_\_ Alternate Date (s) : \_\_\_\_\_

Type of Vendor: Merchandise Yes \_\_\_\_\_ No \_\_\_\_\_ Product (s) \_\_\_\_\_

Food Yes \_\_\_\_\_ No \_\_\_\_\_ Product (s) \_\_\_\_\_

OFFICE USE ONLY \*\*\*\*\*

Fee Exempt Yes \_\_\_\_\_ No \_\_\_\_\_

Date Fee Pd. \_\_\_\_\_ / Initials \_\_\_\_\_

# SPECIAL EVENT TO DO LIST

- **FILL OUT EVENT MANAGEMENT TEAM APPLICATION**
  
- **HAVE ALL VENDORS FILL OUT SPECIAL EVENT VENDOR APPLICATIONS**
  
- **TURN IN MGT. TEAM APPLICATION, VENDOR APPLICATION, AND MASTER VENDOR LISTS AT LEAST (2) WEEKS PRIOR TO EVENT**
  
- **TURN IN A MASTER LIST OF ALL VENDORS. INDICATE MERCHANDISE OR FOOD, INDICATE TOTAL NUMBER OF BOOTHS FOR EACH VENDOR**
  
- **PASS OUT LICENSES TO VENDORS BEFORE MANAGEMENT TEAM AND CONSUMER AFFAIRS REPRESENTATIVE WALK THRU**
  
- **MAKE SURE ALL VENDORS DISPLAY SPECIAL EVENT LICENSES IN A CONSPICUOUS PLACE**
  
- **SCHEDULE WALK THRU WITH EVENT MANAGEMENT REPRESENTATIVE AND CONSUMER AFFAIRS REPRESENTATIVE ON:**  
  
DAY \_\_\_\_\_ DATE \_\_\_\_\_ @ \_\_\_\_\_ p.m.
  
- **REMEMBER: ANY VENDOR NOT ON MASTER LIST WILL BE CHARGED: \$115.00 + \$35.00 (LATE FEE) = \$115.00 TO BE PAID BY EVENT MGT. AT THE CONCLUSION OF THE WALK THRU.**