

Dally In the Alley

Saturday, September 7th, 2019

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 \$900

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

Applications to be completed in full by **August 2nd**

Payment must be submitted by **August 16th.**

Please make checks payable to "North Cass Community Union"

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

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

FOOD PREPARATION AND MENU:

Only food and beverage items listed will be approved to serve.
Approval for any changes must be requested before the event.

Food	G Food Source	H Off-Site Prep Yes/ No *1	I On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling? *2	N Hot holding equipment used?
Example: Hamburger	Gordon Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table

*1 – IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)

*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

FOR LOCAL HEALTH DEPARTMENT USE:

Notes:

Amount Paid: _____

Receipt Number: _____

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 _____ 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 _____

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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.**