



Philadelphia Department of Public Health
 Environmental Health Services
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Payment Options Check One <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Online Invoice

PERMANENT SPECIAL EVENT VENDOR APPLICATION

VENDOR INFORMATION

Trade Name _____	No. of Identical Operations _____
Owner/Corporation Name _____	
Mailing Address _____	City _____ State _____ Zip _____
Contact Person _____	Contact Number _____
Email _____	
Type of Operation: <input type="checkbox"/> Food Stand/Booth <input type="checkbox"/> Mobile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Copy of the City of Philadelphia Food Safety Certificate. The FSC person is required to be present during all hours of operation. Failure to have the FSC person present will result in closure of the stand. Provide a copy of the certificate.	
Vendor Id# Returning vendors only. If more than one operation, list all: _____	
Name and Location of First Event _____	Date _____

SUPPORT FACILITY INFORMATION

Name of Facility _____
Facility Address _____ City _____ State _____ Zip _____
Owner _____ Contact Number _____
<input type="checkbox"/> Provide a copy of current valid food license and inspection report if facility is located outside of Philadelphia County.

<p>New vendors please provide the following:</p> <ul style="list-style-type: none"> • Cutsheets/Pictures of Equipment • Schedule A: Equipment Detail • Schedule B: Menu and preparation description • Schedule C: Vending Space Diagram <p>Contact via: <input type="checkbox"/> Email <input type="checkbox"/> Phone</p>

<p>Returning Vendors please confirm the following:</p> <p><input type="checkbox"/> My menu and equipment list, which was submitted and approved last year, has not changed.</p> <p><i>NOTE: Please submit first page of this application (including Vendor Id#), copies of food license and operating eligibility certificate from last year.</i></p>

I hereby certify that all information provided is true and accurate to the best of my knowledge. It is understood that the submission of additional information may be required for the application to be complete and approved. Incomplete or illegible applications will be returned unprocessed. I understand that my operation must be approved annually before I begin event participation.

Application completed by:

Print Name: _____

Date: _____

Signature: _____

Schedule A: Equipment Detail

*Provide equipment make and model #, catalog cut sheets or photos (with dimensions) of all equipment.
Please check all that apply to your operation in the designated boxes below.*

<p align="center">Food Protection Equipment</p> <p><input type="checkbox"/> Tent/ Self Contained Unit</p> <p><input type="checkbox"/> Sneeze Guards</p> <p><input type="checkbox"/> Display Case</p> <p><input type="checkbox"/> Prepackaged Only</p> <p><input type="checkbox"/> Other: _____</p>	<p align="center">Cold Holding Equipment</p> <p><input type="checkbox"/> Self-Draining Cooler</p> <p><input type="checkbox"/> Refrigeration Unit</p> <p><input type="checkbox"/> Prep Unit</p> <p><input type="checkbox"/> Display Case</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">Hand Washing Station</p> <p><input type="checkbox"/> Hot Water Generating</p> <p><input type="checkbox"/> Insulated Container w/ Heating Element</p> <p><input type="checkbox"/> Min. of 5 Gal. Potable Water</p> <p><input type="checkbox"/> Min of 6 Gal. Grey Water Container</p> <p><input type="checkbox"/> Paper Towels</p> <p><input type="checkbox"/> Soap</p> <p><input type="checkbox"/> Trash Can</p> <p><input type="checkbox"/> Other: _____</p>	<p align="center">Temperature Monitoring Devices</p> <p><input type="checkbox"/> Probe Thermometer</p> <p><input type="checkbox"/> Infrared Thermometer</p> <p><input type="checkbox"/> Temperature Data Recorder</p> <p><input type="checkbox"/> Ambient Air Thermometer</p> <p><input type="checkbox"/> Non-PHF, temperature control not required</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">Cooking Equipment</p> <p><input type="checkbox"/> Stove</p> <p><input type="checkbox"/> Propane Stand</p> <p><input type="checkbox"/> Flat-Top Grill</p> <p><input type="checkbox"/> Deep Fryer</p> <p><input type="checkbox"/> Kettle</p> <p><input type="checkbox"/> Other: _____</p>	<p align="center">Food Dispensing Equipment</p> <p><input type="checkbox"/> Beverage Dispensing Unit</p> <p><input type="checkbox"/> Condiment Dispensing Unit</p> <p><input type="checkbox"/> Single Use Items (boats, forks, knives, etc...)</p> <p><input type="checkbox"/> Styrofoam Container</p> <p><input type="checkbox"/> Plastic Container</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">Hot Holding Equipment</p> <p><input type="checkbox"/> Electric Cabinet</p> <p><input type="checkbox"/> Insulated Hot Box</p> <p><input type="checkbox"/> Steam Table</p> <p><input type="checkbox"/> Chafing Dishes</p> <p><input type="checkbox"/> Heat Lamp</p> <p><input type="checkbox"/> Kettle/Soup Warmer</p> <p><input type="checkbox"/> Water Bath</p> <p><input type="checkbox"/> Other : _____</p>	<p align="center">Additional equipment not listed above</p> <p><input type="checkbox"/> _____</p>

Schedule C: Illustration of Food Operation

Provide an overhead diagram of the vending space

Use the space below to draw an overhead view of your food operation. Please list and label all equipment. This should include but is not limited to cooking, cold and hot holding equipment, hand washing facilities, worktables, food storage, waste containers and self-service items. Refer to Appendix B.

(Rear of the vending space)

Front

- **Cooking, prep and display is NOT allowed at the front of the vending unit without Health Department Approval.**
- **Photos of set-up including all equipment may be provided in lieu of drawing.**