



# Food Vendor Check List

## Fountain Square May 4, 5 & 6, 2018

(3 day event)

**\*\*\* PLEASE READ CAREFULLY SINCE APPLICATION REQUIREMENTS HAVE CHANGED SINCE LAST YEAR! \*\*\***

- Make sure to fill the Special Event Food Vendors - form.
- Please read all the guidelines AND make sure to have EVERYTHING you need the day of the event such additional supplies that will ease your operation
- For the 2018 temporary food vendor license fee of Cincy-Cinco, please make check payable to **Treasurer - City of Cincinnati \$153.00**, we will process the paper work for you (Note: The 2018 temporary food vendor license IS NOT REFUNDABLE). If you have a mobile permit, make a copy and attach it with the forms.
- 2018 Cincy-Cinco Latino Festival food vendor booth.  
(3 days: May 4, 5 & 6, 2018 - See next page)

### DUE DATE SUBMISSION **MONDAY, APRIL 16, 2018**

Note: You will need to submit two checks one for the non-refundable temporary food license and another for the full amount of the Cincy Cinco Festival food vendor booth. Trucks please send a copy of your up to date mobile license.

Please mail checks and return forms to:

Hispanic Chamber Cincinnati Foundation (Cincy-Cinco Festival)

2637 Erie Ave., Suite 204

Cincinnati, OH 45208

Tel: (513) 533-3800

### **CINCY CINCO LATINO FESTIVAL:**

Friday, May 4 from 6 PM - 11 PM (New)

Saturday, May 5 from 12 PM - 11 PM

Sunday, May 6 from 12 PM - 7 PM



# Food Vendor Commitment Form

## Fountain Square May 4, 5 & 6, 2018

(3 day event)

---

- 2018 Cincy-Cinco Latino Festival food vendor booth: (3 days: May 4, 5 & 6, 2018)  
Set up Friday, May 4, 2018 at 2 PM, inspection at 5:30 PM  
(Please call first for booths availability).

\*\*\* NOTE: You will be able to sell only food at the festival. NOT BEVERAGES unless you notify the festival and it's approved by the committee. \*\*\*

- |   |       |        |
|---|-------|--------|
| <input type="checkbox"/> Truck            | -- \$ | 600.00 |
| <input type="checkbox"/> 1 Booths 10 x 10 | -- \$ | 500.00 |
| <input type="checkbox"/> 2 Booths 10 x 10 | -- \$ | 850.00 |

Company Name or Brand: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please mail checks and return forms to:  
Hispanic Chamber Cincinnati Foundation (Cincy-Cinco Festival)  
2637 Erie Ave., Suite 204  
Cincinnati, OH 45208  
Tel: (513) 533-3800

## **TEMPORARY FOOD SERVICE OPERATION LICENSE APPLICATION 2018 - 2019**

---

1. To sell food or beverages at a temporary event it is required to obtain a temporary license from the Cincinnati Health Department. The attached application and fee must be received by the Health Department at least ten (10) working days prior to first day of the event.
2. The license will be issued on the first day of the event. The license is subject to an authorization inspection. The operation must be ready at least one (1) hour prior to the event's scheduled starting time; two (2) hours in advance for large events.
3. License fees are to be paid by certified check, business check or money order.

**NO cash - NO credit cards accepted**

**License Fee: \$153.00**

**Payable to Treasurer – City of Cincinnati**

Submit the application, fee and all required information to:

Cincinnati Health Department  
Environmental Health/Food Safety Unit  
3845 William P. Dooley By-Pass  
Cincinnati, Ohio 45223

4. A temporary license is valid for up to five (5) consecutive days at one event. <sup>1</sup> Not more than ten temporary licenses can be issued per licensing period to the same person at different events.<sup>2</sup> For each event, only one license can be issued to the same person.
5. For questions email [gail.long-cook@cincinnati-oh.gov](mailto:gail.long-cook@cincinnati-oh.gov)

---

<sup>1</sup> ORC 3717.01 (k)

<sup>2</sup> ORC 3717.43 (E) (1)

OPERATOR / LICENSE HOLDER INFORMATION			
dba (Temporary Food Operation/Establishment Name)			
License Holder (responsible person/entity)			
Name _____	Name _____		
Email _____	Email _____		
Telephone # _____	Telephone # _____		
Mailing Address (number & street)	City	State	Zip Code
EVENT INFORMATION			
Event name			
Event address: street # and street name			
Event coordinator (if applicable) name & contact information			
Operation Starts (date & time)	Operation Ends (date & time)		
PERSON(S) IN CHARGE ON-SITE DURING THE EVENT			
NAME	CELL PHONE	TIME ON DUTY	

**OPERATION NAME:**

**EVENT NAME:**

<b>FOOD SAFETY INFORMATION</b> List All equipment					
<b>MENU ITEMS</b> List food & beverages	<b>FOOD SOURCE</b> (i.e. from a restaurant? Grocery store?)	<b>PREP LOCATION</b> ( if not on site)	<b>FOOD TRANSPORTATION</b> Equipment used to transport food (i.e. cambro? Insulated bag?)	<b>COLD HOLDING</b> Equipment used on site to keep cold foods cold	<b>HOT HOLDING</b> Equipment used on site to keep hot foods hot

**ADDITIONAL ITEMS THAT ARE REQUIRED:** Sanitizer & test kit; bucket, sanitizing solution & cloth for wiping nonfood contact surfaces; dish detergent; gloves or tissue or suitable bare hand contact barriers; thermometers, food and refrigerator; broom & dust pan; waste can or suitable arrangement.

**TEMPORARY ESTABLISHMENT REQUIREMENTS**

**OVERHEAD PROTECTION AND PROTECTIVE BARRIERS**

**The entire operation MUST be under cover** (except propane tanks)

Circle the method used for cover :      under tent      under shelter      other (describe):

**No food prep, food and food related items at the booth's edge - barriers must be in place**

Circle the barrier or method:    sneeze guards      faux wall      item location (describe):

**An equipment layout drawing/diagram is required.** In the space below draw a sketch of your proposed operation. Number and identify equipment.

Make sure you include:

- at least one **hand wash set** up comprised of a 5 gallon (or larger) insulated container with a *free flow stay-on* spigot at the bottom, a waste receiving bucket of equal or larger volume to collect the waste water; a suitable hand cleanser; disposable towels.
- for soiled utensils use a three bin set up ( wash - rinse - sanitize )

**equipment layout drawing/diagram**

1.	Hand wash set up	5.		9.	
2.	Three bin set up	6.		10.	
3.		7.		11.	
4.		8.		12.	

**OPERATION NAME:** \_\_\_\_\_ **EVENT NAME:** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_