



Temporary Food Service Application

DEADLINE for application and **\$40** fee: January 11th, 2019
 Submit to nefsexhibitorservices@restaurant.org or fax (312) 580-5416

COMPANY NAME: _____ BOOTH #: _____
 NAME OF APPLICANT: _____ PHONE: _____
 NAME OF OWNER (if different): _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIPCODE: _____ EMAIL ADDRESS: _____

ONLY NO TRANS FAT FOODS CAN BE SERVED (effect. 9/13/08)

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED: **IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION.**

ITEMS: _____ LOCATION PURCHASED: _____

*****PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS*****

PREPARATION/COOKING FACILITIES:

ON SITE: YES NO N/A , IF YES, DESCRIBE FACILITIES AND EQUIPMENT: _____
 OFF SITE: YES , IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS CHINA OTHER:

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW):

REFRIGERATION: REQUIRED NOT REQUIRED METHOD OF REFRIGERATION: _____

TYPE OF COOKING/HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY: _____

GARBAGE AND RUBBISH: DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: **Show Floor** LOCATION OF TOILET FACILITIES: **Show Floor**

HAIR RESTRAINTS PROVIDED: YES NO DISPOSABLE GLOVES PROVIDED: YES NO

*** IMPORTANT: Before returning this document, please sign indicating you have read and you agree to abide by all the sampling conditions noted in the exhibitor service manual, Board of Health requirements, and this application form.**

CHECK BOX TO VERIFY THAT TOWN OR STATE WHOLESALE/PROCESSING LICENSE IS SUBMITTED WITH APPLICATION

SIGNATURE OF APPLICANT: _____

Fees Apply As Follows:
 \$30 for first day of event
 \$5 for each consecutive day
Total for NEFS: \$40

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Card Number _____	Amount: _____
Authorization Code (3 digit code found on the back of your card) _____	
Cardholder Name _____	Expiration Date _____
Authorized Signature _____	Date: _____