



**TEMPORARY EATING & DRINKING APPLICATION
CITY OF FARRELL, PENNSYLVANIA
ITINERATE FOODS QUESTIONNAIRE**

1. Name of Owner: _____
2. Permanent Address: _____
3. Do you have a current annual food-service license issued by the Commonwealth of Pennsylvania? Yes _____ No _____ If yes, in which county? _____
4. List foods and drinks served: _____

5. Facilities (Check or fill in blanks where applicable).

Type of Unit		Water Temperature	
Truck	<input type="checkbox"/>	Hot	<input type="checkbox"/>
Trailer	<input type="checkbox"/>	Cold	<input type="checkbox"/>
Other	<input type="checkbox"/>	Mixed (tempered)	<input type="checkbox"/>
Holding Temperature			
Cold-Electric:		Hot-Electric:	
Ice	<input type="checkbox"/>	Propane	<input type="checkbox"/>
Other (state type)	<input type="checkbox"/>	Other (state type)	<input type="checkbox"/>
Soap Dispenser		Sanitizer	
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	No	<input type="checkbox"/>
		Type Used	
		Chlorine (Bleach)	<input type="checkbox"/>
		Quaternary Ammonia	<input type="checkbox"/>
		Other: _____	
Hand Washing		Individual Towels	
Running Water	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Transported Water	<input type="checkbox"/>	No	<input type="checkbox"/>

NOTE: This questionnaire is to be filled in BEFORE a temporary Food Service License is issued.