

MEMORANDUM FOR FOOD BOOTHS

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

FROM: 3 AMDS/SGPM  
5955 Zeamer Ave.  
Elmendorf AFB AK 99506-3700

SUBJECT: Food Booth Information

1. Organization or Group: \_\_\_\_\_

2. Name and phone number of person primarily responsible: \_\_\_\_\_  
\_\_\_\_\_

3. Location of operation: \_\_\_\_\_

4. Date and time of operation: \_\_\_\_\_

5. <u>Type of Food</u>	<u>Source of Food</u>	<u>Method of Preparation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Equipment to be used: \_\_\_\_\_

7. Approximate number of persons to be served: \_\_\_\_\_

8. Names of personnel who will be working in the operation (Place a check mark by the names of any that have had food service sanitation training.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. I acknowledge that I have read and understand the policy on temporary food booth operation. I agree to operate in compliance with this policy and any further requirements deemed necessary by Public Health. Any operation that does not meet these requirements will be suspended from operation until requirements are met.

\_\_\_\_\_  
Printed name and title of requesting person                      Date                      Signature

\_\_\_\_\_  
Printed name of Public Health Technician                      Date                      Signature/Stamp