



**FACILITY & EQUIPMENT**

Sketch the proposed facility layout below.

Type of Facility:

- Screened/Enclosed Stand
- Tent
- Trailer
- Other: \_\_\_\_\_

Clean-up:

- 3 Compartment Sink
- Hand washing Sink or Temporary Station
- Bleach & Chemical Test Strips
- Other: \_\_\_\_\_

Utensils/Service:

- Tongs
- Hot/Cold Food Holding
- Gloves/Tissues
- Fryer(s)
- Electric Roasters
- Covered Grill
- Ice Scoop(s)
- Thermometer(s)
- Other: \_\_\_\_\_

Food Sanitation Certificate Holder(s):

Name: \_\_\_\_\_ Certificate #/State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Certificate #/State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**ANY LEFTOVER, POTENTIALLY HAZARDOUS FOOD FROM THE PREVIOUS DAY OR POTENTIALLY HAZARDOUS FOOD HAVING TEMPERATURES BETWEEN 41°F AND 135° F WILL BE DISCARDED.**

By signing this application, I agree to comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment and that said establishment will be open to inspection by the Egyptian Health Department during all operation hours. It is further agreed that a valid permit issued by the Egyptian Health Department will be displayed on the premises at all times during operation.

Sign \_\_\_\_\_

Date \_\_\_\_\_

Payment by credit card (Visa/Master Card Only): \$50.00 due per stand

Credit Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Zip of Billing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_