CHEYENNE-
LARAMIE COUNTY
HEALTH
DEPARTMENT

Division of Environmental Health
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Cheyenne, Wy. 82007
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Temporary Sampling Establishment License Application

* License fee for Food Sampling Event shall be $50.00—**Cash or Check** only, due at time of application.
* Checks must be made payable to ***Wyoming Department of Agriculture***
* Samples must be given out by licensed vendors or agricultural producers.
* Sample processing must meet all requirements of the Wyoming Food Safety Rule
* Only whole intact produce is exempt from the temporary sampling establishment license

TEMPORARY SAMPLING ESTABLISHMENT LICENSE IS ONLY VALID FOR FOURTEEN (14) INDIVIDUAL DAYS WITHIN A CONSECUTIVE THREE (3) MONTH PERIOD IN CONJUCTION WITH A FARMER'S MARKET OR OTHER EVENT HELD AT A FIXED LOCATION (Wyoming Food Safety Rule Chapter 1 Section 8 (clxxi).

NOTE: Contact City Clerk's Office and City Fire Department if function is within the city limits.

Name of Event:_____

Event Location:_____

Function Start Date:_____ Start date for your sampling:_____

Function End Date:_____ End date for your sampling:_____

Business/Organization Information

Business Name:_____

Operator Name:_____

Address:_____City/St/Zip:_____

Email Address:_____

Daytime Phone #:_____Fax #:_____

Items Being Sampled at Event::_____

_____

Location of Sample Prep (circle one): On-site or Event Other:_____

I UNDERSTAND THE LICENSE FOR WHICH I AM APPLYING IS NON-TRANSFERABLE. IT MAY BE DENIED, SUSPENDED, OR REVOKED FOR NON-COMPLIANCE OR CONSECUTIVE VIOLATIONS OF THE STANDARDS GOVERNING THIS ACTIVITY, IN ACCORDANCE WITH THE WYOMING FOOD, DRUG, AND COSMETIC SAFETY ACT. I AGREE TO COMPLY WITH THE ESTABLISHED REQUIREMENTS FOR THIS ACTIVITY AT ALL TIMES DURING ACTUAL OPERATION.

SIGNATURE OF RESPONSIBLE PARTY:_____ **DATE:**_____

(NOT VALID WITHOUT SIGNATURE)

Approved by:_____License #:_____Date:_____ Amt. Paid: $_____ Check: #:_____ Cash

TEMPORARY FOOD SAMPLING QUESTIONNAIRE

In 2015, the Wyoming Legislature passed HB0056, creating the Wyoming Food Freedom Act, W.S. 11-49-101 through 11-49-103, which became effective March 3, 2015. The general purpose of the Wyoming Food Freedom Act is to allow for the sale and consumption of homemade foods.

Please review the Q&A form at the link below BEFORE completing this questionnaire as this form may not apply to your food items.

http://wyagric.state.wy.us/images/stories/pdf/chs/wffa%20sales%20615.pdf

If you have any further questions, please contact this office at (307) 633-4090.

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1. What type of event will you be sampling at?

   _____Farmer's Market _____Local Event

2. What type of food will you be sampling?

   _____Raw Agricultural Product (melons, peaches, etc.) (continue to next page)

   _____Processed Foods (continue to question #3)

3. If you marked Processed Foods, what kind are you sampling?

   _____Commercial _____Home _____Meat & Poultry

   _____Dairy _____Ungraded Eggs

   Commercial Processors

   - ⇒ **Must obtain a distributor license from Wyoming Dept of Agriculture**
   - ⇒ **Must meet all the requirements of the Wyoming Food Safety Rule**
   - ⇒ **Product must meet all food labeling requirements**

   Home Processors (applies only to out-of-state processors)

   - ⇒ **ONLY non potentially hazardous food is allowed to be made in home kitchens**
   - ⇒ **Food must be sold directly from the producer to the final consumer**
   - ⇒ **Examples of acceptable products are baked goods that do not require refrigeration, dried fruits, honey, nuts & nut mixtures, and popcorn.**
   - ⇒ **Home processors that are sampling cannot make the product into a potentially hazardous food (i.e. seasonings mixed in sour cream)**
   - ⇒ **If selling jams, jellies, syrups and preserves contact the Wyoming Dept of Agriculture to verify that your product meets the standard of being non potentially hazardous**

   Meat & Poultry, Dairy, and Ungraded Eggs

   - ⇒ **Contact the Wyoming Dept of Agriculture for requirements or refer to the Farmer's Market handout provided on their website**

4. Will any part of your sample preparation NOT be done at the event (i.e. dish washing, cutting vegetables, cooking, etc.)

   _____YES

   - ♦ Commissary letter **MUST** be filled out completely and attached to this application.

   _____NO

SPECIFIC SAMPLING INFORMATION

List each food item you will be sampling at the event :

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

Will any of the samples require cooking or cold holding of product? _____YES _____NO

*****Hot food items must be reheated to 165°F or cooked to their correct internal cooking temperature. A thermometer shall be used to ensure that all proper temperatures are being met during the event.*****

How will all cold foods including cut produce be held at 41°F or lower at the event? Check all that apply.

- ☐ Refrigerator/Freezer
- ☐ Ice chest/Cooler
- ☐ Other (Specify)_____

*****Food handlers shall minimize bare hand contact with all food through the use of suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.*****

What single service items will be used to distribute samples to customers?

_____Paper plates _____Toothpicks

_____Spoons/Forks _____Napkins

_____Other_____

How will samples be protected from environmental contamination?_____

_____

_____

What will be used to store product sold to the consumer?_____

_____

What type of hand washing station will you have in your booth/unit?

- ☐ Portable/temporary hand sink
- ☐ Provided on-site

***Temporary hand wash stations are required to have the following items:

- ⇒ A minimum of five (5) gallons of warm potable water in a container
- ⇒ Soap (Hand sanitizers are NOT an acceptable replacement for required hand washing).
- ⇒ Paper towels
- ⇒ A five (5) gallon bucket to catch the waste water

*****Hair control such as hats, scarves, or hairnets are required for anyone serving, preparing, and cooking food at the event and the commissary.*****

*****Waste water cannot be dumped on the ground or into the storm drain. Waste water must be dumped in a sanitary sewer (i.e. mop sink, toilet, etc.)*****

Where will utensils used for handling/portioning be washed, rinsed, and sanitized?

- ☐ Commissary (Commissary letter **MUST** be filled out completely and attached to this application.)
- ☐ Portable/temporary three (3) compartment sink
- ☐ Other (Specify)_____

***Temporary three (3) compartment sink stations are required to have the following items:

- ⇒ Three (3) different tubs/buckets designated for washing, rinsing, and sanitizing.
- ⇒ Soap
- ⇒ Sanitizer (Bleach or Quat)
- ⇒ Either a tub or approved flat surface for clean dishes to be placed on for drying. Dishes must be air dried and never towel dried.

Which type of sanitizer will you be using? The correct tests strips for sanitizer must be provided and used.

- ☐ Bleach (Concentration must be 100ppm when mixed in spray bottle/bucket & 50-100ppm when used for three (3) compartment sink)
- ☐ Quaternary Ammonia (Quat) (Concentration must be 200ppm when mixed)

How will the sanitizer be dispensed?

- ☐ Spray bottle with paper towels
- ☐ Bucket with wiping cloth

Signature of Vendor_____Date_____

Reviewed By_____Date_____