



TEMPORARY FOOD SERVICE APPLICATION

Temporary Permit 3 Consecutive Days \$20.⁰⁰

Date: _____

Business Name: _____ Phone: () - _____
(This name will appear on the license and should be the name on the booth)

Mailing Address: _____
 Use Business Owner Address City State Zip

E-Mail Address: _____

Type of Business: Corporation Individual Legal Owner Owner Operator Partnership

Name of Business Owner: _____ Phone: () - _____
(NAME OF CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

Business Owner Address: _____
 Use Mailing Address City State Zip

Principle Contact Person: _____ Phone: () - _____

Type of Operation: Single event *(Good for any one event not to exceed 3 consecutive days)*

Name of Event: _____ **Date(s)** _____

Location of Event: _____
City State Zip

Event Host: _____ Phone: () - _____

Will all food be prepared at the Temporary Food Service location? Yes No

If No, give the name and address of the *approved commercial kitchen* where food will be prepared:

Name of Kitchen: _____ Address: _____

List ALL prepared food menu items to be served (include prepared drinks, desserts, salads, etc.):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ADDITIONAL MENU ITEMS REQUIRE HEALTH DEPARTMENT APPROVAL!

How will food be kept COLD? Ice chests Onsite refrigerator Onsite freezer Other: _____

How will food be kept HOT? Cooked to order Chafing dish/ crock pot/ roaster Other: _____

How will cleaning cloths be sanitized? Sanitizing wipes Bleach water solution *(use test strips)* Other: _____

How will hand washing facilities be provided? *(Hand washing facilities MUST be located within 25 feet of food preparation areas).*

How will trash be disposed of? Disposal provided by the event Other: _____

How will waste water be disposed of? *(Do not dump waste water on the ground or in storm sewers!)* _____

Signature of Applicant: _____ Date: _____

Signature of Health Department Inspector: _____ Date: _____

Approved: Rejected:

Fees Received \$ _____
Initials

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