

Using the space below, draw a diagram of the layout of your temporary food service area as seen from above. Please draw and label all equipment to be used.

Applications with no layout drawing are considered incomplete and will not be accepted or approved.



In order to complete the application process, a signature is required:

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Temporary Food Event Fees:

___ \$50.00/stand per event (1-2 day)

___ \$75.00/stand per event (3-14 day)

___ \$50.00 Late Fee (<72 hours prior)

___ Fee Exempt (Not-for-Profit Only)

Cash Credit Card Check # _____

NOTE: Each event counts as one (1) temporary event.

Example: A vendor serves at Apple & Pork and May Days, this would be two (2) events. An application would need to be completed for each event. The vendor would owe a fee of \$125.00 for serving food at a 1-2 day event and a 3-14 day event.



Office Use Only:
 Approved by: _____
 Permit Number: _____
 Date of Approval: _____

Permit Application for Temporary Food Establishments

Name of Applicant: _____ Phone #: _____
 Email: _____

Name of Temporary Establishment: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name of Event: _____ Event Dates: _____

Event Location: _____ City: _____ State: _____ Zip: _____

Food Source (where food will be purchased): _____

Preparation Site (commercial kitchen or on-site): _____ *Note: Home preparation is strictly prohibited*

- Temporary hand wash station provided for staff: **YES** or **NO**
- Thermometer available for checking temperatures: **YES** or **NO**
- Test strips available for determining the concentration of sanitizer? **YES** or **NO**
- Overhead protection provided (tent): **YES** or **NO**
- Will garbage receptacles be covered: **YES** or **NO**
- Will food items/utensils/single service be stored at least 6" off the ground: **YES** or **NO**
- Single use gloves available for use when handling ready-to-eat foods: **YES** or **NO**
- **I understand that cooling and reheating food for a temporary event is prohibited: YES** or **NO**

- Type of Dishwashing Sanitizer Used: **Bleach** or **Quaternary Ammonia**
- Sanitizer test strips available for determining the concentration of sanitizer? **Yes (Circle)**
- Food equipment will be washed, rinsed, and sanitized: **Onsite** or **Commissary Kitchen**
- Cooking Equipment: _____
(Grill, Fryers, Oven, etc.)
- Cold Holding Equipment: _____
(Refrigerator, Freezer, Coolers, etc.)
- Hot Holding Equipment: _____
(Roasters, Sterno Heat, Steam Table, etc.)

Menu Items:

Hot Items	Cold Items	Beverages

Note: If preferred, a menu may be attached to this application