



Temporary Food Establishment Permit Application

*****ALL FOODS MUST BE PREPARED ON SITE OR AT A PERMITTED FACILITY*****

SPECIAL EVENT: _____

DATE(S) OF EVENT: _____

TIME OF OPERATION: FROM: _____ TO: _____

LOCATION OF EVENT: _____

ORGANIZATION: _____

EMAIL: _____

RESPONSIBLE PARTY NAME: _____

PHONE: _____

ADDRESS: _____

DO YOU OPERATE FOOD ESTABLISHMENTS AT OTHER LOCATIONS? YES: _____ NO: _____

IF YES, PROVIDE NAMES AND ADDRESSES: _____

FOOD ITEMS TO BE SERVED	PLACE OF PREPARATION AND STORAGE

*****NOTE: Only authorized food and beverages listed above may be served.**

Use additional sheets if necessary

APPLICANT NAME (Print): _____

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT'S DRIVERS LICENSE: _____ STATE: _____