



APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

EVENT NAME: _____

Establishment is a Not for Profit ☐ Establishment is a For Profit ☐

Food Establishment: Name _____ Phone _____ Fax _____
Mailing Address _____

Location: _____ Dates of Operation _____

Applicant: Name _____ Age ≥ 18 ? ☐ Yes ☐ No Phone _____ Fax _____
Mailing Address _____ E-mail _____

Type Operation: PHF means Potentially Hazardous Food, those requiring temperature controls.

- ☐ **No PHF** Prepackaged non-PHF only or limited preparation of non-PHF
- ☐ **Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.
Limited advanced preparation for next day service. Raw ingredients require minimal assembly.
Includes retail food stores,
- ☐ **Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.
Extensive handling of raw ingredients. Advanced prep for next day service.

Construction of establishment: Tent ☐ Mobile Unit (Trailer) ☐ Permanent Structure ☐
Other _____

Attach sample menu or list menu on reverse side of this application.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule §64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ Signature of Applicant _____

For Health Department Use Only

Date Received _____ Reviewed By _____ Permit Fee _____
Permit ☐ Issued ☐ Denied Date _____ Permit No. _____ Comments _____