**Temporary Food Premise Operating Permit**

|  |  |
| --- | --- |
| **Facility Name:** | {{BLAccountName}} |
| **Facility #:** | {{BLAccountId}} |
| **Facility Address:** | {{BLAccountPhysicalAddress}} |
| **Owner:** | {{BLAOwnerName}} |
| **Facility Category:** | {{AccountCategoryL1}}  {{AccountCategoryL2}}  {{AccountCategoryL3}} |

|  |  |
| --- | --- |
| **Event Start** | **Event End** |
| {{#Events}}{{StartDate}} | {{EndDate}}{{/Events}} |

**Conditions on Permit:**

Manual text entry

|  |  |
| --- | --- |
| **Permit #:** | {{BLIdentifier}} |
| **Permit Effective Date:** | {{BLPeriodStart}} |
| **Licensing Officer:** | {{BLAOwnerName}} |
| **Health Authority:** | {{BLOrganizationHA}} |