



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 \geq 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 _____