



**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 <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date _____	Permit No. _____	Comments _____		