



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 _____	