

TEMPORARY EVENT APPLICATION

FEE: \$25.00 (For-Profit Vendor)
Free – Non-Profit Vendor

Name of Event: _____

Date/Time of Event: _____ Rain Date: _____

Location of Event: _____

Applicant: _____

Business Name of Applicant: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number (Home/Bus./Cell): _____

1. List all foods and beverages that will be served:

2. Where and when will food be purchased? _____

3. Where will food be stored prior to event?

4. Where will food be prepared? _____

5. Describe how foods will be kept cold (**below 45 degrees F**): _____

6. Describe how foods will be kept hot (**above 140 degrees F**): _____

7. If offering hot foods, describe cooking procedures: _____

8. Describe hand washing set up: _____

9. Location of employee toilets: _____

10. Describe method of sanitizing: _____

Comments: _____

***You must keep on file a list of employees who worked at the food booth.**

The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before-mentioned may result in revocation or the suspension of your food license. The undersigned has received a copy of the Temporary Food Service Guide and will have all food workers read the guide prior to working at the food booth.

Signature: _____ Date: _____

Application reviewed by: _____

Comments: _____

Date Approved: _____ Fee paid: _____