TEMPORARY FOOD PERMIT APPLICATION

- FEES ARE NON-REFUNDABLE
- APPLICATIONS MUST BE SUBMITTED (2) WEEKS PRIOR TO THE EVENT.
- APPLICATIONS NOT RECEIVED (2) WEEKS PRIOR TO THE EVENT WILL BE SUBJECT TO A $54.00 LATE FEE.
- APPLICATIONS RECEIVED WITHIN (3) DAYS OF THE EVENT MAY NOT BE ISSUED A PERMIT.
- APPLICATIONS SHALL BE ACCOMPANIED BY THE APPLICABLE FEE.
- FAXED APPLICATIONS WILL NOT BE ACCEPTED.
- HOME PREPARED OR STORED FOODS ARE NOT ALLOWED

LENGTH OF OPERATION (CONSECUTIVE DAYS) CHECK ONE BELOW:

- 1-2 DAYS $124.00   1-2 DAYS DEMO/FREE SAMPLE $110.00
- 3-4 DAYS $248.00   3-4 DAYS DEMO/FREE SAMPLE $134.00
- 5-7 DAYS $296.00   5-7 DAYS DEMO/FREE SAMPLE $223.00
- 8-25 DAYS $344.00  8-25 DAYS DEMO/FREE SAMPLE $300.00
- ANNUAL $442.00  PRE PACKAGED/WATER $62.00
- LATE FEE $54.00

NAME OF COMMUNITY EVENT _______________________________________________________
NAME OF COMMUNITY ORGANIZER __________________________________________________
LOCATION _________________________________________________________________________
DATE OF EVENT ___________________________ SET UP TIME ___________________________

NAME OF TEMP FOOD FACILITY/BOOTH _______________________________________________
CONTACT PERSON ___________________ PHONE NUMBER ___________________________
ADDRESS _______________ CITY __________ ZIP ________________________________

TYPE OF FOOD PREPARATION FACILITY (CHECK ONE)
- FULLY SCREENED IN BOOTH
- OTHER (ATTACH EXPLANATION)

FOOD/BEVERAGE ITEMS TO BE SOLD/GIVEN AWAY
_____________________________________________________________________________
_____________________________________________________________________________

METHOD OF FOOD HANDLING AND STORAGE OF RAW FOODS
_____________________________________________________________________________

METHOD OF HANDLING AND STORAGE OF COOKED/PREPARED FOODS
_____________________________________________________________________________

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE “REQUIREMENTS FOR TEMPORARY FOOD FACILITIES” -(CRFC 114335-114363)
_____________________________________________________________________________

SIGNATURE ___________________ DATE ______________

NOTE: ALL ITEMS MUST BE COMPLETED. UNANSWERED PORTIONS WILL BE RETURNED FOR COMPLETION WHICH WILL DELAY YOUR HEALTH PERMIT.