



FOR OFFICE USE ONLY:

Date: _____ Fee: _____ Payment Type: _____ Receipt #: _____ Paid by: _____

Temporary Food Service License Application

(Maximum of 14 days per event)

Application must be received a minimum of 14 days in advance to avoid late fees.

Date: _____ Fee Paid: _____

Name of Event: _____

Location of Event: _____

Date(s) of event: From: _____ To: _____

Time of operation: _____

Name of Business: _____

Name of Applicant: _____ Phone #: _____

Contact Name: _____ Email: _____

Address of applicant: _____

Person(s) responsible for booth: _____

Primary food Handlers: _____

Foods to be sold: _____

Source of meat supply: _____

Source of baked goods: _____

Source of water supply: _____

Source other food supply: _____

Please initial that you have included as part of your complete application:

- _____ Menu List
- _____ Sketch of booth layout
- _____ Sources of food
- _____ Consultation fee payment

I certify that I am the individual or organization representative charged with the responsibility for this food operation:

Printed Name: _____

Signature: _____

