

## Application for Temporary Concession Food Permit

\*\*\* Applications for temporary events shall be submitted three (3) weeks prior to event start. Drawing of setup and equipment must accompany application. **Applications received after deadline may be denied.**

Date \_\_\_\_\_, 20\_\_\_\_\_  
Name of Establishment: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Owner Information
Owner Name: _____
Owner Address: _____ _____
Owner Home Phone: _____ Owner Fax: _____
Owner Mobile Phone: _____

Type of setup: Mobile Trailer \_\_\_\_\_ Tent: \_\_\_\_\_  
Water Source: Provided: \_\_\_\_\_ Carried to Event: \_\_\_\_\_  
Sewage Disposal: Provided: \_\_\_\_\_ Self Disposal: \_\_\_\_\_ How Disposed? \_\_\_\_\_

Menu Information
List all items to be sold at event:
_____
_____
_____
_____

**I hereby certify that the above statements are true and correct and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.**

Signed \_\_\_\_\_  
Title \_\_\_\_\_

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**For Health Department Use Only**

**Application Approved**  With Special Conditions \_\_\_\_\_  
 **Application DENIED** because: \_\_\_\_\_  
Application Approved By \_\_\_\_\_ Permit Number Issued \_\_\_\_\_  
Date Permit Effective \_\_\_\_\_ Date Permit Issued \_\_\_\_\_ Date Permit Expires \_\_\_\_\_