



TEMPORARY FOOD SERVICE PERMIT APPLICATION

*** PLEASE PRINT ***

[YES/NO] Have you completed and submitted a plan review application to LCDEH?

- If "no" a plan review application **must** be submitted prior to applying for a permit.

[YES/NO] If a plan review has already been approved, have there been any changes to the operation (menu changes, new equipment, etc.)?

- If "yes" menu or setup changes must be approved by LCDEH and may require a new plan review application

Fee Schedule:

#	Amount	Total	Item
_____ X <u>\$20.00</u>	= _____	Base License Fee (annual fee)	
_____ X <u>\$10.00</u>	= _____	Event Registration Fee (paid for each event at which the operation sets up)	
Amount Due: _____			

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Contact Telephone: (_____) _____ Contact Fax: (_____) _____

Menu: _____

Commissary: _____

NOTE: A current commissary agreement form must be on file at LCDEH

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: _____ Date: _____

❖ **TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT SPECIFIED TEMPORARY EVENTS. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW REQUIREMENTS AS SPECIFIED BY LOCAL HEALTH AUTHORITY.**

This section is to be completed and signed by the Regulatory Authority Only!

Vendor ID #: _____

Limitations & Restrictions: _____

Signature of Regulatory Authority: _____

(Signature verifies compliance with applicable statutes and rules for this establishment)

Printed Name of Regulatory Authority: _____

Date: _____ County: _____