

Fee Paid _____

Date Paid _____

Cash/CC/Check _____

Receipt No. _____

**TEMPORARY FOOD ANNUAL PRODUCER/
SAMPLING PERMIT APPLICATION**

PAYMENT AND APPLICATION MUST BE SUBMITTED NO LESS THAN 7 BUSINESS DAYS (Monday-Friday) PRIOR TO START OF EVENT IN ORDER TO AVOID A LATE FEE EQUAL TO THE PERMIT FEE (not to exceed \$100)

1. Applicant's Name: _____ Email Address: _____

2. Business Represented: _____

3. Applicant's Address: _____

4. Person in Charge of Samples: _____ Phone #(s): _____

5. Location of any Advance Preparation (must receive prior approval): _____

Commercial Supplier Inspected Facility N/A

6. LIST ALL FOODS TO BE SERVED (foods not listed will not be allowed to be served):

FOOD ITEMS	OFF SITE PREP (Y/N)	ON SITE PREP (Y/N)	COOKING PROCEDURES	HOLDING HOT OR COLD	SERVING HOT OR COLD

7. Describe Cold Holding Equipment: _____

8. Describe Hot Holding and Cooking Equipment: _____

9. Method for Dispensing Samples: _____

10. Method of Garbage Disposal: _____

11. Stem Thermometer Available (0-220°F): YES NO Handwash Available in Booth: YES NO

12. **MUST LIST ALL EVENTS AND DATES BELOW - Minimum of five (5) event dates to qualify for Annual Permit**

BEGIN DATE AND TIME	NAME OF EVENT	LOCATION	NUMBER OF DAYS

NOTE: ATTACH ADDITIONAL SHEET(S) IF NECESSARY

The annual producer/sampling permit may be revoked for chronic or repeated violations, requiring submitting a new application and fee to resume operations..

I hereby consent to inspection by the HEALTH DISTRICT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with Section 170 or the Regulations of the Washoe County District Board of Health Governing Food Establishments.

APPLICANT'S SIGNATURE _____ DATE _____

ORIGINAL - HEALTH DISTRICT | YELLOW - INSPECTION | PINK - APPLICANT