

Fee Paid _____
 Late Fee Paid _____
 Date Paid _____
 Cash/CC/Check _____
 Receipt No. _____
 Permit # _____

APPLICATION FOR TEMPORARY FOOD PERMIT

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. Event: _____ Event Location: _____
 2. Date(s) of Event - Start: _____ End: _____ Start Time: _____ End Time: _____ (for weekly/non-consecutive events, list dates below)

List up to 14 dates of recurring, non-consecutive events (e.g., Farmer's Markets, weekly events)							
Date #1:		Date #5:		Date #9:		Date #13:	
Date #2:		Date #6:		Date #10:		Date #14:	
Date #3:		Date #7:		Date #11:			
Date #4:		Date #8:		Date #12:			

3. Business Name / Foodservice Represented: _____
 4. Event Coordinator: _____ Coordinator #: () _____
 5. Coordinator Address: _____ City / State / Zip: _____
 6. Applicant's Name: _____ Work #: () _____ Home #: () _____
 7. Applicant's Address: _____ City / State / Zip: _____
 8. Person(s) In Charge at Foodservice Site: _____ Contact #: () _____
 9. E-mail Address of Person(s) In Charge: _____
 10. Location of Advance Preparation: _____ Time Prep Begins: _____ Time Prep Ends: _____

11. List food item(s) to be served: <small>ONLY food(s) listed below are allowed to be served at the event</small>	OFF SITE PREP	ON SITE PREP	COOKING PROCEDURES	HOLDING Hot / Cold	SERVING Hot / Cold
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input type="checkbox"/> C
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input type="checkbox"/> C
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input type="checkbox"/> C
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input type="checkbox"/> C
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input type="checkbox"/> C

12. DESCRIBE: Cold Holding Equip: _____ Hot Cooking Equip: _____
 Hot Holding Equip: _____ Reheating Equip: _____
 13. How food will be transported to foodservice site: _____
 Length of transportation time to event: _____ How food will be kept hot or cold: _____
 14. Stem type food thermometer or thermocouple available (0-220°F): YES or NO
 15. Source of drinkable (potable) water: _____ Type of wastewater disposal: SEWER or HOLDING TANK
 16. Type of Handwashing Facilities: (choose one) PLUMBED SINK or GRAVITY FLOW CONTAINER
 (as a minimum-2 gallons water in an insulated container with a hands free spigot, a covered bucket for wastewater, pump soap container and paper towels are required)
 17. Utensil Washing: PLUMBED 3-COMPARTMENT SINK or ADEQUATE SUPPLY OF CLEAN UTENSILS FOR DAILY OPERATION
 18. Garbage Disposal: COVERED CANS or DUMPSTERS
 19. Restroom Facilities: PORTABLE TOILETS or INDOOR TOILETS

I hereby consent to inspection by the WASHOE COUNTY HEALTH DISTRICT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary foodservice requirements stated in SECTION 170 of the Regulations of THE WASHOE COUNTY DISTRICT BOARD OF HEALTH GOVERNING FOOD ESTABLISHMENTS.

APPLICANT'S SIGNATURE: _____ DATE: _____