

TEMPORARY EVENT PERMIT APPLICATION

Name of Event: _____

Sponsored by: _____

Date and Time of Event: _____

Location: _____

Contact Person: _____ Tel.# of Contact Person: (____) _____

Address of Contact Person: _____

List Foods Served: _____

Describe Where and How Food is Prepared: _____

How is food kept hot or cold during transport and service: _____

Describe Food Handler's Hand washing facilities:

Describe waste and rubbish disposal: _____

Describe bathroom/toilet facilities: _____

Signature _____ Title _____ Date _____
