

Date Received: _____
Fee Collected: _____
Method of Payment: _____
Permit #: _____
Date Permit Issued: _____

Application for a Temporary Food Permit

Permit Type & Fees

Fees are Non-refundable

- | | |
|--|---|
| <input type="radio"/> Non - Tax Exempt Organization | <input type="radio"/> Nonprofit, Not-for-Profit, or Tax Exempt Organization |
| \$50.00 if application is received at least 7 days in advance | \$20.00 if application is received at least 7 days in advance |
| \$60.00 if application is received less than 7 days in advance | \$30.00 if application is received less than 7 days in advance |
| \$70.00 if application is submitted day of the event | \$40.00 if application is submitted day of the event |
| \$125.00 Seasonal Permit covers 3 or more events (See Page 2) | \$30.00 Seasonal Permit covers 3 or more events (See Page 2) |

Event Information

Name of Event: _____ Date of Event: _____

Event Location: _____ Event Time: _____

Applicant's Information

Name of Applicant: _____ Date: _____

Type of Establishment: Individual Organization Corporation

Establishment Operated By: _____ Assistant Operator: _____

Mailing Address of Applicant: _____ City: _____ Zip: _____

Applicant's Phone Number: _____ Applicant's Fax Number: _____

Establishment's Emergency Contact: _____ Emergency Contact's Phone Number: _____

Applicant's email: _____

Menu

Foods: _____

Drinks: _____

Sources of Food: _____

Facilities and Equipment

Describe the Food Preparation and Storage Facilities: _____

Describe the Food Service Facilities: _____

Describe the Clean-Up Facilities: _____

Describe the Equipment and Utensils to be Used: _____

Describe any Additional Information pertaining to your Business: _____

Seasonal Permit Application

If applying for a Seasonal Permit, list Events and Dates: 1) _____

2) _____ 3) _____

4) _____ 5) _____

Applicant's Certification

Applicant affirms that the above information is true to the best of their knowledge.

- ❖ I/We hereby submit this application to operate a Temporary Food Establishment in compliance with the provisions of the Food Service Sanitation Code,
- ❖ I/We hereby agree that the information given regarding the Menu, Facilities and Equipment, and Event Information is True and Accurate, and
- ❖ I/We agree that a Valid Permit issued by the Cumberland County Health Department shall be in our possession and displayed on the premises **at all times** during operation of this Temporary Food Establishment.

Applicant's Printed Name: _____ Applicant's Signature: _____

For Office Use Only:

Consultation Date: _____

Permit to be mailed prior to event

Permit to be picked up at CCHD on or after: _____

Permit to be issued after Inspection

Permit Issued on-site by: _____ Date: _____

Permit Received on-site by: _____ Date: _____