

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT
NON-LICENSED EVENT (NO FEE)

Name of Stand _____

Name of Event _____ Location _____

Date of Event _____ Time of Event _____

Time food will be prepared & location where prepared _____

Name, Address, and Phone Number of Owner(s)/Operator(s)

Type of Food and /or Baked Goods

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Application is hereby made for a Temporary Food Establishment Certificate of Compliance to operate. By this application it is agreed that the establishment will comply with the attached Rules and Regulations and provisions of the Food Service Sanitation Code applicable to this type of food establishment.

Signature of Owner(s) Date

This application should be returned to the Logan County Health Department (FIVE WORKING DAYS PRIOR TO THE EVENT).