

W. S. Riggins Jr., MD, MPH, WCCHD Executive Director/Health Authority  
Paulo Pinto, Director of Environmental Services



---

## Temporary Food Establishment Permit Application

Name of Event / Sponsor of Event: \_\_\_\_\_  
\_\_\_\_\_

Location/Address of Event: \_\_\_\_\_

Name of Booth/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Dates/Hours of Operation: \_\_\_\_\_

Food/Drinks to be Prepared / Served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Operating an establishment without a valid permit is in violation of the City and County Regulations. All requirements for operating a Temporary Food Establishment must be met before this office issues a permit. Failure to meet these requirements will result in refusal of the permit.***

**\*\*\*\*\* FEES MUST BE PAID BEFORE THE OPENING DATE OF THE EVENT \*\*\*\*\***

Permits will not be given to anyone who has not paid in advance

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

---

Permit Fee: \$35.00

Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_