

TEMPORARY FOOD – INFORMATION FORM

DATE SUBMITTED _____ DATE (S) OF EVENT _____

NAME OF SPONSORING PERSON/ORGANIZATION _____

CONTACT PERSON _____ # BUS: _____ RES: _____
TELEPHONE _____

ADDRESS _____

Street City State Zip Code
SPECIFIC LOCATION OF EVENT _____

MENU OF ALL PROPOSED ITEMS THAT WILL BE PREPARED AT EVENT

LIST ALL ITEMS THAT WILL BE PURCHASED OR PREPARED ELSEWHERE & WILL BE DELIVERED TO THE EVENT FOR SERVICE TO YOUR CUSTOMERS.

ITEMS	SOURCE OF PREPARATION

DATE FACILITY WILL BE READY FOR PERMIT INSPECTION: _____

DATE & HOURS FOOD PREPARATION WILL BEGIN AT _____

FACILITY _____

HOURS OF OPERATION _____

I have read and understand the sheet titled “Temporary Food Event-Basic Requirements.”

I do hereby certify that the information above is true and correct and that all operations will be conducted in accordance with the Alabama Board of Health Rules for Public Health.

Signature _____ Date _____