

Information Form for Temporary Concession Food Permit

Date _____, 20_____

Name of Establishment: _____

Name of Event: _____

Event Location: _____

Date(s) of Event: _____ Date and Time Food Preparation Will Begin: _____

Owner Information

Owner Name: _____

Owner Address: _____

Owner Home Phone: _____ Owner Fax: _____

Owner Mobile Phone: _____ E-Mail: _____

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
_____	_____
_____	_____
_____	_____
_____	_____

Menu Information

List all items to be prepared at event:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the above statements are true and correct and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed _____

Title _____