



Renewal Application Intermittent and Seasonal Temporary Restaurant License

1. What type of temporary restaurant license are you renewing?

- Intermittent Temporary Restaurant
- Seasonal Temporary Restaurant

2. Food Booth Name: _____

Event Name(s)/Location of Food Booth: _____

Dates of Event(s): _____

Owner/Applicant Name: _____

Day phone: _____ Cell phone: _____

Owner/Applicant Mailing Address: _____

Email: _____

3. Have you changed your operation from the original plan that was approved by the Health Department?

- No- Changes have not been made to my operation
- Yes-Changes made since the original plan review approval are:

4. Are the event organizers providing the same infrastructure services (e.g., electricity, water, waste water dump station, garbage collection, etc.)?

- Yes-Same infrastructure is provided at the event site as with my previous license
- No- The event organizers have changed these items from what they previously provided:

Note: Depending on the changes, the Health Department may require a new operational plan review.

I attest that the information provided on this form is accurate.

Signature

Printed Name

Date

For Office Use Only

Fee received: \$ _____

Date: _____

Reviewed by: _____

Date: _____

Approved

Not Approved

New Plan Review Required