



Event Name: _____
 Event Coordinator: _____
 Event Coordinator's Phone: _____

SINGLE EVENT TEMPORARY RESTAURANT LICENSE APPLICATION

**Submit the proper fee with the completed application prior to the event.
 (Nonprofit tax ID No. _____)**

1. **Food Booth Name:** _____
Event Location: _____
 Person in Charge of Booth: _____
 Day Phone: _____ Mobile Phone: _____
 Mailing Address: _____
 Hours of Operation: _____ Dates: _____

2. **Advance Preparation:** All food must be prepared in a facility approved by Health Services or the Dept. of Agriculture. For any foods prepared before the event, describe how the food will be cooked and rapidly cooled (include container type, food depth, and equipment)? Some foods requiring extensive cooling and reheating may be prohibited.
NO HOME-PREPARED FOODS ARE ALLOWED
 Describe: _____

3. **Food Temperature Control:** How will you provide for proper food temperature control?
 - a) Cold-holding devices (e.g., refrigerators, coolers)
 Describe: _____

 - b) Hot-holding devices (e.g., warmer, steam table, heat cabinet)
 Describe: _____

 - c) Rapid-heating devices (e.g., stove, oven, burner)
 Describe: _____

4. **Leftovers:** What will you do with leftover food?
 Describe: _____

5. **Booth Construction:**
 Type of Overhead Protection Provided: _____
 Type of Floor Provided: _____
 Type of Screening Provided: _____

