



TEMPORARY HEALTH PERMIT APPLICATION

ESTABLISHMENT NAME:

EVENT LOCATION:

PERMIT IS NEEDED FROM _____ TO _____
(A TEMPORARY HEALTH PERMIT IS ISSUED FOR NO MORE THAN 14 DAYS)

TYPE OF FOOD SERVED:

CONTACT INFORMATION:

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

SIGNATURE: _____

For Office Use Only



Date Issued _____

Permit # _____