

Clay County Health Department

BETTER CARE, BETTER HEALTH, BETTER LIVING

TEMPORARY FOOD SERVICE ESTABLISHMENT Operating Permit Application

- \$35.00 Permit Fee per Temporary Event
- Additional \$15.00 Late Penalty Fee
If submitted less than 5 business days prior to the event.
- No Fee for Non-Profit Organizations
Including Churches, Civic, and School-Affiliated Organizations.

Office Use Only:
 Date Received: _____
 Fee Paid: _____
 Date Approved: _____
 Permit Number: _____

Establishment/Organization Name: _____

Owner's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Person's Telephone #: _____

Will anyone holding Certified Food Protection Manager certificate be present? Yes No

If yes, please provide the following information:

Name: _____ Certification #: _____ Expiration: _____

Name: _____ Certification #: _____ Expiration: _____

EVENT INFORMATION

Event Name: _____

Date(s) of Event: _____

Location of Event: _____

Hours of Operation: Sunday: _____ to _____ Thursday: _____ to _____
 Monday: _____ to _____ Friday: _____ to _____
 Tuesday: _____ to _____ Saturday: _____ to _____
 Wednesday: _____ to _____

List ALL foods being served at your location		
Food Item	Food Source	Where is Food Prepared / How Is Food Prepared
<i>Example: Hamburgers</i>	<i>Frozen Patties – IGA Buns – Wal-Mart</i>	<i>Prepared On Site. Purchased Frozen. Cooked on Grill to 155° F</i>
<i>Example: Funnelcakes</i>	<i>Powder Sugar – Wal-Mart Mix – Cisco</i>	<i>Prepared On Site. Deep fried in 24” deep fryer @ 350° F</i>

Note: Food shall be from an approved source, and shall be prepared on-site at the event, or in a permitted Food Establishment.

I UNDERSTAND THAT THE PERMIT IS NOT VALID UNTIL APPROVED BY HEALTH DEPARTMENT PERSONNEL, IS ONLY VALID FOR THE DATES INDICATED, AND IS NOT TRANSFERABLE TO ANOTHER PERSON, LOCATION, OR EVENT. I UNDERSTAND THAT AN INSPECTION OF THE FOOD BOOTH MAY BE CONDUCTED BEFORE THE START OF THE EVENT OR DURING THE EVENT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE READ AND AGREED TO ABIDE BY THE TEMPORARY FOOD SERVICE REGULATIONS SET FORTH BY THE CLAY COUNTY FOOD ORDINANCE.

Signature: _____ Date: _____