TEMPORARY FOOD SERVICE EVENT APPLICATION

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with required fee to the Environmental Health (EH) office of the County Health Department. NO HOME PREPARED FOODS

Check the appropriate temporary event vendor type (License cannot exceed 18 days in a calendar year): 1-3 Days 4-18 Days

Current Food Service License Number (if applicable): ______________________________________________

Certified Food Manager (if applicable): ____________________________________________________________

APPLICANT NAME: ___________________________________________ PHONE NUMBER: ____________________

APPLICANT ADDRESS: _____________________________________________

Street  City  State  ZIP Code

EVENT NAME: ______________________________________________________

EVENT SPONSOR: ___________________________________________ PHONE NUMBER: ____________________

EVENT LOCATION: _____________________________________________

Street  City  State  ZIP Code

EVENT DATES & HOURS OF OPERATION: ________________________________

TYPE(s) of FOOD BEING SERVED: _____________________________________________

________________________________________________________________________

HANDWASHING FACILITIES: YES NO ( HOT & COLD  HOT ONLY  COLD ONLY)

LOCATION OF HANDWASHING FACILITIES: _____________________________________________

Comment/Special Instructions: _____________________________________________

________________________________________________________________________

FOR EH USE ONLY: Temporary Event Fee: $___________

Please make check or money order payable to: Florida Department of Health in __________ County

The undersigned representative hereby agrees to operate in accordance with the requirements of Chapter 381.0072, Florida Statutes, and Chapter 64E-11, Florida Administrative Code. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the temporary food service event license.

Signature (Sponsor/Authorized Representative) Date Signature (EH Official) Date

DH8004-DCHP- 02/2018
Rule 64E-11.003(7)(a), F.A.C.