



WASHINGTON COUNTY HEALTH DEPARTMENT

333 E. Washington St., Suite 1100
 PO Box 2003
 West Bend, WI 53095-2003

Phone: 262-365-5878

Fax: 262-335-4463

www.co.washington.wi.us/chn

Temporary Food Permit Application

Please complete this application and return it to the address above with the \$170 fee

Event: _____ Location of Event: _____

Name of Applicant/Organization: _____

Date of Event: _____ Time(s) of Event: _____

Event Coordinator: _____ Phone: _____

On Site Operator: _____ Phone: _____

Address: _____

If food is to be prepared/stored off site, name of Facility where food is to be prepared/stored:

Address: _____

Date of Preparation: _____ Time: _____

Please provide the following information if applicable:

FOOD ITEM	WHERE PURCHASED	FOOD PREPARED ON-SITE/OFF SITE	COOKING METHOD	HOLDING HOT/COLD	SERVED HOT/COLD

Describe facilities for handwashing: _____

Describe facilities for utensil washing: _____

Describe facilities for hot holding: _____

Describe facilities for cold holding: _____

I understand that is the responsibility of the permit holder to comply with the Washington County Health Department's temporary food establishment regulations. Furthermore, the applicant, do attest that the information provided is accurate to the best of my knowledge and that should any change be made, the Health Department must be informed and approve said changes.

I CERTIFY THAT I HAVE READ THE RULES AND GUIDELINES IN THE REQUIREMENTS FOR TEMPORARY FOOD ESTABLISHMENTS PAMPHLET.

Signature of Applicant: _____ Date: _____

An inspector will contact you by phone prior to your event or at your food stand on the day of your event.