



# WASHINGTON COUNTY HEALTH DEPARTMENT

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

Phone: 262-365-5878

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www.co.washington.wi.us/chn

## Temporary Food Permit Application

**Please complete this application and return it to the address above with the \$125 license fee**

**OR**

**a copy of your current temporary restaurant permit from another Wisconsin jurisdiction and the \$75 set-up 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.