



Health Department
Temporary Food Service Permit Application
 License Year July 1st - June 30th
 Effective date: May 5 2011

Completed applications must be received by the Appleton Health Department **at least 14 days prior** to the event. Applications received less than 14 days prior to the event may be denied.

Establishment Name	Establishment Address	Telephone ()
Licensee Name (Individual, Partnership, Corporation)	Agent Name (If Licensee is a corporation)	Telephone ()
Billing Address		
Event Dates and Locations		

- 1) Before completing this application, read the Food Safety Guidelines. Have you read this material?
 Yes No

- 2) List all food items, indicate how the food will be prepared, and indicate where the food will be prepared.

Food Item	Preparation Procedures (check all that apply)													Location Prepared	
	Cook	Fry	Grill	Bake	Reheat	Cool	Hot Hold	Cold Hold	Mix	Cut	Slice	Assemble	Bread	Other	<i>(If the location prepared is other than your booth, provide establishment name and address where its prepared)</i>

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5) For each potentially hazardous food item (perishables), indicate the name and address of the source or manufacturer.

Food Item	Name of Establishment	Address and Telephone Number

6) Please describe:
Source and storage of water:

Storage and disposal of wastewater:

Storage and disposal of garbage:

7) *** This is required:** Draw a sketch of the proposed temporary food booth on a separate sheet of paper and attach to this application. Draw in the location, and identify all equipment, including handwashing, dishwashing, ranges, grills, hot food holding facilities, refrigerators, worktables, food storage, single-service article storage, etc.

A) Describe the construction and materials used for floor, wall, and ceiling surfaces:

B) Describe how food preparation and utensil washing areas will be effectively screened to prevent contamination from flies and other insects:

8) List any current valid State of Wisconsin Temporary Restaurant Licenses. Exp. Date _____
License # _____ Issuing agency _____

I certify that I am familiar with the Wisconsin Food Code governing sanitation in restaurants, and the above-described establishment will be operated and maintained in accordance with applicable regulations.

Applicant's Signature

Date

Driver's License Number

Activity Code	License/Permit Description	Fee
15	Retail Food Establishment < \$25K proc. PHF	\$68.00
160	PE&D-Temporary Restaurant License	\$120.00

Send check or money order payable to the City of Appleton, and send application to City of Appleton Health Department
100 N Appleton Street
Appleton WI 54911-4799

Questions? Phone _____ (920) 832-6429
Fax _____ (920) 832-5853

Department Use:

Establishment Number: COA _____ DHFS _____ DATCP _____

Approved By: _____ Date: _____

License mailed/delivered to applicant on Date: _____