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|-----------------------------|----------|
| FOR OFFICE USE ONLY: | |
| Date Received: | _____ |
| Menu Approved: | YES / NO |
| Supplier Approved: | YES / NO |
| Approval Date: | _____ |
| Sanitarian: | _____ |
| Permit#: | _____ |
| Expiration Date: | _____ |

TEMPORARY FOOD ESTABLISHMENT APPLICATION

**Incomplete applications will delay processing of permit. Please type or print clearly.
Applications will be processed in the order they are received.**

Temporary food establishment health permits are valid 1 to 14 days, with a \$35 permit fee.
Applications **MUST** be received at the office at least (10) calendar days **PRIOR** to the event. Submit check or money order with the application.

Non For Profit Organizations that provide a copy of their **State Tax Exempt Letter** are exempt from fees. However, they must obtain a temporary food establishment health permit and follow the St. Louis County Food Code.

Note: If operating in unincorporated Saint Louis County, a Special Event Permit (from Public Works) is required prior to obtaining a Temporary Food Establishment Permit from the Department of Health. Contact the Zoning Division (314-615-7866) in the Department of Public Works and the Licensing Division (314-615-5107) in the Department of Revenue for more information.

I. Event Information

Municipality: _____ Unincorporated

Name of Event: _____

Name of Event Coordinator: _____

Event Coordinator's Phone Number: _____

Location/Address of Event: _____

Start Date of Event: _____ End Date of Event: _____

Start Time of Event: _____ End Time of Event: _____

II. Application Information

Name of Temporary Food Establishment: _____

Name of Owner/Operator: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Tax Exempt Number (if applicable): _____

III. Temporary Food Establishment Information

Circle type of Sanitizer? **Bleach** (chlorine) **Quat** (ammonium) Other: _____

Appropriate test strip for sanitizer? ____Yes ____No

IV. List All Foods and Beverage items to be prepared/served: (attach additional page, if necessary)

| Food Item | Purchased or Provided from: | Off-site Prep (Yes/No) | If Yes, Location | How is food being held at proper Temperature? |
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V. Operator Responsibilities

- Initial: _____ 1. The operator is responsible for meeting all requirements as set forth in the Food Code of St. Louis County Health Department.
- Initial: _____ 2. I have received a copy of the **Temporary Food Establishment Reference Sheet** and understand critical violations may result in the suspension of the Temporary Food Establishment Health Permit.
- Initial: _____ 3. I understand the **booth must be properly equipped and ready to operate by the start time of the event**, failure to do so may result in suspension of the Temporary Food Establishment Health Permit.
- Initial: _____ 4. I understand I must contact the St. Louis County Health Department to advise of any changes or additions to this application prior to the event.
- Initial: _____ 5. I understand this application is for a **Temporary Food Establishment Health Permit** only. The operator is responsible for obtaining all applicable permits as required by other agencies.

Print Name: _____

Signature: _____ Date: _____

No refunds will be given to vendor for failure to participate at each scheduled event.

Public Health Satellite Offices:

NORTH
 21 Village Square
 Hazelwood, MO 63042
Phone: 314.615.7469
 Fax: 314.615.7439

SOUTH
 4562 Lemay Ferry Rd
 St. Louis, MO 63129
Phone: 314.615.4027
 Fax: 314.615.4008

WEST
 74 Clarkson Wilson Ctr
 Chesterfield, MO 63017
Phone: 314.615.0929
 Fax: 314.615.0925

CLAYTON
 111 S. Meramec
 Clayton, MO 63105
Phone: 314.615-8900
 Fax: 314.615.8951

For additional food safety information, visit us at: www.stlouisco.com