

## APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT SHEBOYGAN COUNTY PERMIT APPLICATION

Division of Public Health – Environmental Sanitation 1011 N. 8<sup>th</sup> Street, Sheboygan, WI 53081 (920) 459-4382

| Before completing this ap  | plicati                    | on, r                     | ead " <i>1</i>                 | empor                        | ary Resta                               | urant                      | Guidel                        | ines."                               | Have y                       | ou re                      | ead this                       | material?                               | ? ∐Yes              | S□No                  |
|--|----------------------------|---------------------------|--------------------------------|------------------------------|---|----------------------------|-------------------------------|--------------------------------------|------------------------------|----------------------------|--------------------------------|---|---------------------|-----------------------|
| ALL applications must be   | comp                       | leted                     | and re                         | eturned                      | to the D                                | ivisior                    | of Pub                        | olic Hea                             | alth at                      | the a                      | bove a                         | ddress <i>pri</i>                       | <i>ior</i> to th    | e event.              |
| Please contact the Sheb<br>4382 to determine if fees<br>Make checks payable to   | s are a                    | pplic                     | able f                         | or you                       | event.                                  |                            |                               |                                      |                              |                            |                                |   |                     |                       |
| Name of Establishment  |                            |                           |                                |                              | Op                                      | erator                     |                               |                                      |                              |                            |                                | Contact                                 | Telepho             | ne                    |
| Event/Location   |                            |                           |                                |                              | Date                                    | es and                     | Times o                       | of Event                             |                              |                            |                                |   |                     |                       |
| Operator's Mailing Address   |                            |                           |                                |                              |   |                            |                               |                                      |                              |                            |                                |   |                     |                       |
| 1) Menu: List all items. A   | any cha                    | inges                     | must                           | be sub                       | mitted an                               | d appr                     | oved b                        | y this d                             | epartr                       | nent a                     | at least                       | 5 days pri                              | ior to th           | e event.              |
| 2) Will all foods be prepa<br>Yes, Fill ou<br>No, Fill out   | ıt Secti                   | on N                      | o. 3                           | ary food                     | d service                               | booth                      | ?                             |                                      |                              |                            |                                |   |                     |                       |
| Note: 1. Home-prepare 2. Indicate if the 3. Fill out both S  | establi                    | ishme                     | ent wh                         | ere the                      | food is to                              | be pr                      | epared                        | l has a                              | valid f                      | ood p                      | rocess                         | or or resta                             | urant lid           | cense.                |
| <ol> <li>List each <u>potentially h</u>     Potentially hazardous     fish, shellfish, edible c     and progressive grow     which have a pH leve</li> </ol> | food marustace<br>th of in | neans<br>ea, oi<br>fectio | s any f<br>r other<br>ous or i | ood tha<br>ingred<br>toxigen | it consists<br>ients, incl<br>ic microo | s in wh<br>uding<br>rganis | ole or i<br>synthet<br>ms. Po | in part of<br>tic ingre<br>otentiall | of milk<br>edients<br>y haza | or mi<br>s, in a<br>ardous | ilk prod<br>form c<br>s food ( | lucts, eggs<br>apable of<br>does not ir | s, meat,<br>support | poultry,<br>ing rapid |
| Food Item  |                            |                           |                                |                              | Prepara                                 | ition P                    | rocedu                        | res <i>(Ch</i>                       | eck all                      | that a                     | apply)                         |   |                     |                       |
|  | Cook                       | Fry                       | Grill                          | Bake                         | Re-heat                                 | Cool                       | Hot<br>Hold                   | Cold<br>Hold                         | Mix                          | Cut                        | Slice                          | Assemble                                | Bread               | Other                 |
|  |                            |                           |                                |                              |   |                            |                               |                                      |                              |                            |                                |   |                     |                       |
|  |                            |                           |                                |                              |   |                            |                               |                                      |                              |                            |                                |   |                     |                       |

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

| * If the location pr | repared is other that                     | an booth, provide  | establishment name & a      | address:   |                        |
|----------------------|---|--------------------|-----------------------------|--|------------------------|
|                      | entially hazardous<br>dress of the source |                    |                             | t, poultry, seafood, milk, eggs                                | s, etc.), indicate the |
| Fo                   | od Item                                   | Na                 | me of Establishment         | Address & Teleph   | one Number             |
|                      |   |                    |                             | ·  |                        |
|                      |   |                    |                             |  |                        |
|                      |   |                    |                             |  |                        |
|                      |   |                    |                             |  |                        |
|                      |   |                    |                             |  |                        |
|                      | od preparation prod<br>n attached sheet.  | cedures cannot fit | in this chart, please list  | all of the steps in preparing $\epsilon$                       | each menu              |
| 5) Please Descri     | be:                                       |                    |                             |  |                        |
| ,                    |   |                    |                             |  |                        |
|                      |   |                    |                             |  |                        |
|                      |   |                    |                             |  |                        |
| equipment in         |   | ng, dishwashing,   |                             | et. Draw in the location and nolding facilities, refrigerators |                        |
| A. Describe          | e the construction a                      | and materials use  | d for floor, wall and ceili | ng surfaces:   |                        |
|                      | e how food prepara<br>s and other insects |                    | ashing areas will be eff    | ectively screened to prevent                                   | contamination          |
|                      |   |                    |                             | onsin Administrative Code g<br>ntained in accordance with      |                        |
| Applicant's Print    | ed Name                                   | A                  | pplicant's Signature        |  | Date                   |
| Fam Office Here 2    |   |                    |                             |  |                        |
| For Office Use O     | _   |                    |                             |  |                        |
| Amount Paid:         |   | Date:              | Permit Issued               | 1.   |                        |