JEFFERSON COUNTY HEALTH DEPARTMENT

1948 WILTSHIRE RD SUITE 1 KEARNEYSVILLE, WV 25430 PHONE 304-728-8415 FAX 304-728-3314

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT (Please print or type)

Date		
Organization/Individual		
Address		
Organization Representative		
Telephone Numbers		
(work)		
(home)		
Event		
Event Location		
Date(s) of Operation		
Time(s)		TO
Type of Food Facility		
(Beverage wagon, booth, kitchen, tent, etc)		
PLEASE PROVIDE THE I	FOLI	LOWING INFORMATION. Failure to provide the
necessary information rega	rding	ng your operation may delay the processing of your
W		application.
Water Service:		
G D: 1		
Sewage Disposal:		
C 1: 1 W / D' 1		
Solid Waste Disposal:		
Liquid Wasta Disposale		
Liquid Waste Disposal:		

LIST ALL FOOD AND BEVERAGE ITEMS BELOW

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Food/Beverage	Source Address	Where Prepared	Methods of preparation and serving equipment			
			and sor any equipment			
Hand-Washing Methods						
Condiments & How Served						
How Utensils Cleane Sanitized	d &					
Refrigeration Type						
List All Cooking/Hot Holding Equipment						