



TEMPORARY FOOD PERMIT APPLICATION PACKET

This permit is per event and cannot exceed 14 days.

**Completed applications and payment must be received at least 15 days prior to event with
NO EXCEPTIONS**

Check list

Please be sure you have included all the following prior to submitting.

- Complete application (six pages total - including this check list.)
Incomplete packets, packets without payment, or packets not received at least 15 days prior to event – will be returned.
- List of all persons handling food under your permit (Page 6)
- Copy of food handlings cards **or** CFPM certificates for all persons listed on page 6 (Please see our website www.jchdww.org under Food Safety/Food Handlers Cards for details.)
- Payment of \$60.00 per event (event may not exceed 14 days)



APPLICATION FOR A PERIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

EVENT NAME: _____

Establishment is Not for Profit Establishment is For Profit

Food Establishment: Name _____ Phone _____ Fax _____

Mailing Address _____

Location: _____ Dates of Operation _____

Applicant: Name _____ Age \geq 18? Yes No Phone _____ Fax _____

Mailing Address _____ E-mail _____

Type Operation: PHF means Potentially Hazardous Food, those requiring temperature controls.

No PHF Prepackaged non-PHF only or limited preparation of non-PHF

Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.
Limited advance preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores.

Full Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.
Extensive handling of raw ingredients. Advanced prep for next day service.

Construction of establishment: Tent Mobile Unit (Trailer) Permanent Structure
Other _____

Attach sample menu or list menu on reverse side of this application.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule §64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ Signature of Applicant _____

For Health Department Use Only			
Date Received _____	Reviewed By _____	Permit Fee _____	
Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date _____	Permit No. _____	Comments _____

Temporary Food Permit Application

Food Establishment Name: _____

E-mail Address: _____

Please list all food and beverage items below:

Food/Beverage	Source Name of Company/Address	Location Prepared	Cooking and Hot-Holding Methods

Please be specific when answering the following questions:

Where/how will you be storing your food during the day and overnight? How is your food transported?

What type of refrigeration will you be using? This includes ice chests. Will you be using a thermometer in your refrigeration system to ensure temps are being met?

Do you have a water source? If yes, please explain.

Where will you be disposing your solid waste? Where will you be disposing your sewage waste? Where will you be disposing your gray water?

- 1.
- 2.
- 3.

What will you be covering the floor/grass with?

Do you have netting/screening for your tent?

Explain your set up for hand washing and dish washing.

Required Documentation

Per the Jefferson County Board of Health, every employee serving, storing, or selling potentially hazardous foods or working with unpackaged food, food equipment, or utensils, or food contact surfaces in an establishment that is required to have a food establishment permit, including temporary food vendors - must have a food handler's card, issued by the Jefferson County Health Department or a WV State food handler's card. **Food cards must be obtained prior to submitting this application. Please note those holding current CFPM certifications are not required to obtain a food card and may turn in their certificates instead.** Please see our website www.jchdvw.org, under food safety/ food handlers' cards for information on obtaining a food card.

Please Provide below - a list of food handlers that meet the above listed guidelines (anyone serving, storing, packaging, or handling).

You must send a copy of non-expired food handlers' card for each person listed below. If the individual has an ANSI/CFPM they are not required to obtain a food handlers' card and therefore, you may provide a copy of their CFPM in lieu of the food card.

First and Last Name of Food Handlers	First and Last Name of Food Handlers



PAYMENT FORM

Paperwork and payment submission:

Applications and payments MUST be submitted together

Payment Options:

Check Payments: Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check. Mail to the address above or drop in the lock box outside our back door marked Environmental.

Credit Card Payments: Please complete the section below. You may submit your packet via email, mail, fax, or drop in our lock box outside our back door marked Environmental. If your email is rejected, simply take a photo of this payment form, and send it as an attachment. Please note: payment is due with the packet therefore, we cannot take credit card payments over the phone.

Email to: Patti.J.Richardson@wv.gov

Credit Card Payment:

Please note: We are unable to process American Express

Card Holder Name: _____

Account # _____

Expiration Date: _____ Security Code: _____ Amount: _____

Signature: _____