



West Virginia Department of Health
Health Department

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

EVENT NAME: _____

Food Establishment: Name _____ Phone _____ Fax _____

Mailing Address _____

Location: _____ Dates of Operation _____

Applicant: Name _____ Age ≥ 18?
 Yes No Phone _____ Fax _____

Mailing Address _____ E-mail _____

Type Establishment

- Temporary Food Service Establishment (Operating ≤14 days and serving TCS food)
- In-State Vendor Temporary Food Service Establishment (Only selling non-TCS food)

Type Operation: TCS means time/temperature control for safety food, those requiring time/temperature controls.

- Min. Food Prep. Minimal food preparation (i.e. coffee/tea only, popcorn, etc.)
- Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advanced 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 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 Issued Denied Date _____ Permit No. _____ Comments _____