



SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Protection
Food and Environmental Davison
6121 North Hanley Rd.
Berkeley, MO 63134
314-615-8900

For Office Use Only:
Date Received: _____
Menu Approved: YES / NO
Supplier Approved: YES / NO
Approval Date: _____
Sanitarian: _____
Permit Type: _____
Permit#: _____
Expiration Date: _____
Fee Required: YES / NO

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 consecutively, 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 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 Saint 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 Public 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

Name of Event: _____
Name of Event Coordinator: _____
Event Coordinator's Phone Number: _____
Location/Address of Event: _____ Zip: _____
Start Date of Event: _____ End Date of Event: _____
Start Time of Event: _____ End Time of Event: _____
 Municipality: _____ Unincorporated

II. Application Information

Name of Temporary Food Establishment: _____
Name of Owner/Operator: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____
Tax Exempt Number (if applicable): _____

III. Temporary Food Establishment Information

Circle type of Sanitizer?
Unscented Bleach (chlorine) **Quat** (ammonium) Other: _____
Appropriate test strip for sanitizer? _____ Yes _____ No

