



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

IV. Off-Site Food Preparation*

Any food being prepared off-site? _____ If yes, please complete this section.

Name of Facility: _____

Location: _____ Phone: _____

Establishment's Permit Number: _____

V. List All Foods and Beverage Items to be Prepared/Served:

(Additional sheet may be used for additional menu items if needed.)

FOOD ITEM	SOURCE	OFF-SITE PREP (YES/NO)*	COOKING EQUIPMENT (LIST TYPE)	ELECTRICAL COLD HOLDING EQUIPMENT	ELECTRICAL HOT HOLDING EQUIPMENT

Menu items may be restricted. Home prepared foods are prohibited from use. All foods must be obtained from an approved source.

VI. Operator Responsibilities

- Initial: _____ 1. The operator is responsible for meeting all requirements as set forth in the Food Code of Saint Louis County Department of Public Health.
- Initial: _____ 2. I have received a copy of the **Temporary Food Establishment Checklist** and understand critical violations may result in the suspension of the Temporary Food Establishment Health Permit.
- Initial: _____ 3. I understand the **booth must be properly equipped** and **ready to operate by the start time of the event**; failure to do so may result in suspension of the Temporary Food Establishment Health Permit.
- Initial: _____ 4. I understand I must contact the Saint Louis County Department of Public Health to advise of any changes or additions to this application prior to the event.
- Initial: _____ 5. I understand this application is for a **Temporary Food Establishment Health Permit** only. The operator is responsible for obtaining all applicable permits as required by other agencies.

Print Name: _____

Signature: _____ Date: _____

No refunds will be given to a vendor for failure to participate at a scheduled event.

Public Health Satellite Offices:

NORTH
 21 Village Square
 Hazelwood, MO 63042
Phone: 314.615.7469
Fax: 314.615.7439

SOUTH
 4562 Lemay Ferry Rd
 St. Louis, MO 63129
Phone: 314.615.4027
Fax: 314.615.4008

WEST
 74 Clarkson Wilson Ctr
 Chesterfield, MO 63017
Phone: 314.615.0929
Fax: 314.615.0925