



<b>FOR OFFICE USE ONLY:</b>	
<b>Date Received:</b>	_____
Menu Approved:	YES / NO
Supplier Approved:	YES / NO
<b>Approval Date:</b>	_____
Sanitarian:	_____
Permit#:	_____
<b>Expiration Date:</b>	_____

**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, 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 For 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 St. Louis County Food Code.

**I. Event Information**

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

**II. Application Information**

Name of Temporary Food Establishment: \_\_\_\_\_  
 Name of Owner/Operator: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Tax Exempt Number (if applicable): \_\_\_\_\_

**III. Temporary Food Establishment Information**

Circle type of Sanitizer? **Bleach** (chlorine) **Quat** (ammonium) Other: \_\_\_\_\_  
 Appropriate test strip for sanitizer? \_\_\_\_Yes \_\_\_\_No

**IV. List All Foods and Beverage items to be prepared/served: (attach additional page, if necessary)**

Food Item	Purchased or Provided from:	Off-site Prep (Yes/No)	If Yes, Location	How is food being held at proper Temperature?

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Additional paper may be used for additional menu items.

**IV. Operator Responsibilities**

- Initial: \_\_\_\_\_ 1. The operator is responsible for meeting all requirements as set forth in the Food Code of St. Louis County Health Department.
- Initial: \_\_\_\_\_ 2. I have received a copy of the **Temporary Food Establishment Reference Sheet** 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 St. Louis County Health Department 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.

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

**Note: If operating in unincorporated Saint Louis County, a Special Event Permit (from Public Works) is required prior to obtaining a Temporary Food Permit from the Department of 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.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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

**CLAYTON**

111 S. Meramec  
Clayton, MO 63105  
**Phone:** 314.615-8900  
**Fax:** 314.615.8951

**For additional food safety information, visit us at: [www.stlouisco.com](http://www.stlouisco.com)**