



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

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