

Temporary Event Application

1 event/ 1 day (4 hours min.)- \$25

1 event (2 days or more) \$40

Seasonal Temporary Stand or Mobile Permit
(8 month period, multiple events) - \$100

Cass County Health Department

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This application and fee must be turned in one week prior to the event. If application and/or payment is received the day of the event, a \$25 late fee will be added.

Name of Organization/Person: _____

Event Name	Event Date	Event Location

Person in Charge: _____ Contact Number: _____

Certified Personnel: _____ Certification Number: _____

(If potentially hazardous foods are being prepared you must have a licensed food handler on site for the event.)

Menu Items and their source: _____

Food Vendor Checklist

In order to serve you must have these items available and set up during the entire event. Any of these items missing will result in a temporary shutdown of your stand, until the item is attained.

Handwashing facilities: A hand washing station, as illustrated, will be provided and must be within 20 feet from where food is being prepared. It must have running water, soap, and paper towels. **It must have a FREE FLOWING spout, no push buttons.**

All food is to be prepared ON SITE, or at a pre- approved location. **FOOD CANNOT BE PREPARED IN A RESIDENTIAL KITCHEN.**

Three pans will be provided (or a three compartment sink) to **wash, rinse, and sanitize** food handling utensils. Utensils will be air dried. Type of sanitizer to be used: _____

All food preparation, cooking, service, and grills will be under a tent or roof. All mobile units will have screens and/or working air curtains (fans) at all open windows and doors.

A bucket or spray bottles containing sanitizer solution will be provided to clean food preparation counters.

Gloves will be worn by all people handling raw or ready-to-eat food.

A stem thermometer will be available for checking the temperature of hot food and a thermometer will be placed in all cold holding equipment.

I certify that the above information is true and correct, and that I have read and agree to abide by the local Health Department's Temporary Food Service Regulations.

Applicant's Signature: _____ Date: _____