WINNEBAGO COUNTY HEALTH DEPARTMENT

725 Butler Avenue, P.O. Box 68
Winnebago County WI 54985-0068
920-232-3000, 920-727-2894 or 1-800-250-3110; Fax 920-303-3023

2009-2010 APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

erators Name		0	perato	rs Mailir	ng Addres	S		City	у		S	tate	Zip	Code
me of Food Stand			Name of Eve					ent Da			Date	Dates of Event		
cation of Stand (f known)													
ontact(s)				Phone Number										
Menu: List days prior t			ny cl	hange	s must	be su	bmitte	ed and	appro	ved by	y this	departmo	ent at le	ast
□ Yes; Fi	Il out So ially ha :	ection zardo u	belov <u>ıs</u> foo	v: od item	, and in	dicate	which	prepara						
☐ Yes; Fi st each potent low. Potential ultry, fish, shel oporting rapid a clude food whice	ill out So ially ha: ly hazaro lfish, edi and prog	ection zardou dous fo ble cru ressive	below is foo bod me istaces is grow vel of	v: ed item eans ar a, or ot th of ir 4.6 or	n, and ind ny food the her ingre fectious below or	dicate hat coredients, or toxi	which nsists in includi genic m er activ	prepara whole ng syntl nicro-org ity (a-ω)	or in pa hetic in ganisms value	art of m gredier s. Pote of 0.85	nilk or n nts, in a entially	nilk produc form capa hazardous	ts, eggs, able of food doe	mea s no
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☐ Yes; First each potent low. Potential ultry, fish, shelp oporting rapid as lude food which food Item	Il out So ially haz ly hazaro lfish, edi and prog h have a	zardou dous fo ble cru ressive a pH lev	below us foo ood me istaces grow vel of Grill	od item eans ar a, or ot th of ir 4.6 or Prepar Bake	n, and incomply food the ingredient of the ingre	dicate hat considers, or toxi a wate	which nsists in includi genic m er activ res (Ch Hot Hold	prepara whole one synthetic (a-ω) ity (a-ω) neck all Cold Hold	or in particular	art of m gredier s. Pote of 0.85 pply) Cut	ailk or nats, in a centially or les	nilk product form capa hazardous s (Wiscon	ts, eggs, able of food doe sin Food	mea s no Code
Will all foods ☐ Yes; Fi St each potent low. Potential ultry, fish, shel poporting rapid a clude food whice Food Item T* Note: If your fattached sheet.	Il out So ially haz ly hazaro lfish, edi and prog h have a	zardou dous fo ble cru ressive a pH lev	below us foo ood me istaces grow vel of Grill	od item eans ar a, or ot th of ir 4.6 or Prepar Bake	n, and incomply food the ingredient of the ingre	dicate hat considers, or toxi a wate	which nsists in includi genic m er activ res (Ch Hot Hold	prepara whole one synthetic (a-ω) ity (a-ω) neck all Cold Hold	or in particular	art of m gredier s. Pote of 0.85 pply) Cut	ailk or nats, in a centially or les	nilk product form capa hazardous s (Wiscon	ts, eggs, able of food doe sin Food	mea s no Code

(over)

Food item	Name of Establishment	Address & Telephone number
4) Please describe: Source and storage of Storage and disposal Storage and disposal	of water: of wastewater: of garbage:	
5) Fees: Make check payal	ole to the Winnebago County Health De	partment.
(FRT) Temporary Restaurar	nt \$136.00	
A. Describe t B. Describe h	efrigerators, worktables, food/single sender the construction and materials used for fow food preparation and utensil washin	loor, wall and ceiling surfaces:
·	entamination from flies and other insects	
Administrative Code, Chapter I Health Officer and all decisions	s of the Health Department relative to its per	Section 66.124 Stats. and Wisconsin ny written orders of the Winnebago County rmit-issuing authority pursuant to Sections 11.11 ses where the Appellant has a right to a state
	the Temporary Food Service Requirements ill be operated and maintained in accordance	 as required in the Wisconsin Food Code and e with applicable regulations.
Applicant's Printed Name	Applicant's Signature	Date
Applicants Drivers License #		
For Office Use Only		