

**APPLICATION FOR TEMPORARY  
FOOD PERMIT  
WESTERN TIDEWATER HEALTH  
DISTRICT**

**(Please Print or Type)**

Date of Application \_\_\_\_\_

Name of Organization/Individual \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Bus./Cell Phone No. \_\_\_\_\_

Name of Event \_\_\_\_\_

Event Date(s) From \_\_\_\_\_ To \_\_\_\_\_ Times of Operation \_\_\_\_\_

Event Location \_\_\_\_\_

Inspection Time Requested \_\_\_\_\_

TYPE FACILITY: Booth Self-contained Tent

WATER SOURCE: On-site Transported

SEWAGE DISPOSAL: On-site Individual Holding Tank

HAND WASHING Self-contained Water cooler with spigot

WASHING AND SANITIZING: Self-contained Individual Containers

REFRIGERATION EQUIPMENT: Mechanical Igloo Cooler Refrig. Truck

COOKING EQUIPMENT: Grill Mobile Cooker Crock Pot Oven

HOT HOLDING EQUIPMENT: Steam Table Heat Lamp Grill Crock Pot

**This application must be submitted 4 business days prior to the event.** Failure to provide the necessary information regarding your operation may delay the processing of your application. Inspection times are to be set up with the Environmental Health Specialist. Operators should be set up prior to inspection. **Under the discretion of the Health Department, operators who are more than 30 minutes late for inspection may not receive a permit.**

Health Dept. Use Only
Date Rec. _____
Date Rev. _____
_____
Date Permitted: _____
Comments _____

(Circle the Applicable Items Noted Below)

\*\*\*\*\*LIST FOOD AND BEVERAGE ITEMS ON REVERSE SIDE\*\*\*\*\*

All potentially hazardous foods (PHF's) must be prepared at the site or obtained from a permitted facility. All PHF's must be prepared daily. No such foods may be kept overnight and offered for sale the next day. All food and food equipment must be kept under overhead protection at all times.

**LIST ALL FOOD AND BEVERAGE ITEMS BELOW**

Name of Food Product \_\_\_\_\_ Commerical: Yes No  
Method of Preparation, Holding and Serving \_\_\_\_\_

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Method of Preparation, Holding and Serving \_\_\_\_\_

INDICATE BELOW ANY ADDITIONAL INFORMATION THAT YOU FEEL MIGHT BE NECESSARY TO FURTHER EXPLAIN YOUR OPERATION (attach an additional form if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in a permit not being issued or permit suspension.

Name of Operator

Date

