



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. No refunds will be given to a vendor for failure or inability to participate at a scheduled event.

Temporary food establishment health permits are **valid 1 to 14 days consecutively**, with a \$35 permit fee. Applications **must** be received at the office **at least 10 calendar days prior** to the event. Email the completed application to Food.dph@stlouiscountymo.gov and pay over the phone, or submit check or money order with the application. **No refunds** will be given to a vendor for failure or inability to participate at a scheduled event. Non-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 Saint Louis County Food Code.

For office use only:	
Stamp date received/payment:	Menu Approved: Yes / No
	Supplier Approved: Yes / No
	Approval Date: _____
	Env. Rep/Specialist: _____
	Permit Type: _____
	Permit #: _____
	Expiration Date: _____
	Fee Required: Yes / No

Note: If operating in unincorporated Saint Louis County, a Special Event Permit (from Public Works is required prior to obtaining a Temporary Food Establishment Permit from the Department of Public Health. Contact the Zoning Division at (314) 615-7866 in the Department of Public Works and the Licensing Division at (314) 615-5107 in the Department of Revenue for more information.

I. Event Information

Name of event: _____

Event Address: _____ City: _____ State: _____ ZIP: _____

Start Date of Event: _____ End Date of Event: _____

Start Time of Event: _____ End Time of Event: _____

Event Coordinator Name: _____ Event Coordinator Phone: _____

Event Coordinator Email: _____

Municipality: _____ Unincorporated

II. Application Information

Name of Temporary Food Establishment: _____

Name of Owner/Operator: _____

E-mail Address: (all permits are emailed unless otherwise requested): _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

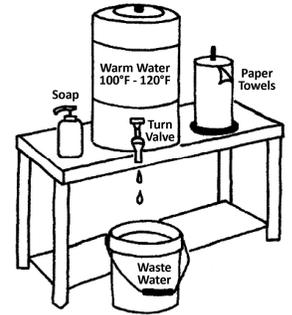


III. Temporary Food Establishment Information

Check type of Sanitizer: Unscented Bleach (chlorine) Quat (ammonium) Other _____

Appropriate test strip for sanitizer? Yes No

- 1. Is mechanical refrigeration available to hold cold foods? Yes No
- 2. Is mechanical hot holding equipment such as a steam well available to keep hot foods hot?? Yes No
- 3. Is a stem thermometer available for food temperatures? Yes No
- 4. Is a hand washing station available with a water jug with a free-flowing spout, a bucket for wastewater, soap and paper towels like the one shown? Yes No
- 5. Is a wash rinse and sanitize station available for dishwashing? Yes No



IV. Off-Site Food Preparation*

Any food being prepared off-site? If yes, please complete this section **and attach a commissary agreement.**

Name of Facility: _____

Location: _____ Phone: _____

Facility Permit Number: _____ Facility Email: _____

V. List All Foods and Beverage Items to be Prepared/Served

(Additional sheet may be used for additional menu items if needed.)

Food Item	Source	*Off-Site Prep (Yes/No)	Cooking Equipment (List Type)	Electrical Cold Holding Equipment	Electrical Hot Holding Equipment

**Menu items may be restricted. Home prepared foods are prohibited from use.
All foods must be obtained from an approved source.**



VI. Operator Responsibilities

Please initial each line below. Your initial will represent that you have read the items and understand the requirements of an operator.

- _____ 1. The operator is responsible for meeting all requirements as set forth in the Food Code of Saint Louis County Department of Public Health.
- _____ 2. I have received a copy of the Temporary Food Establishment Checklist and understand critical violations may result in the suspension of the Temporary Food Establishment Health Permit.
- _____ 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.
- _____ 4. I understand I must contact the Saint Louis County Department of Public Health to advise of any changes or additions to this application prior to the event.
- _____ 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.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Public Health Satellite Offices

North

715 Northwest Plaza Dr
St. Ann, MO 63074
o: (314) 615-7469
f: (314) 615-7439

South

4562 Lemay Ferry Rd
St. Louis, MO 63129
o: (314) 615-4027
f: (314) 615-4008

West

74 Clarkson Wilson
Chesterfield, MO 63107
o: (314) 615-0929
f: (314) 615-0925

Central

6121 N Hanley Rd
Berkeley, MO 63134
o: (314) 615-8900
f: (314) 615-8951

For additional food safety information, visit us at: www.stlouiscountymo.gov