



SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
 Division of Environmental Services
 Food and Environmental Programs
 6121 North Hanley Rd.
 Berkeley, MO 63134

For Office Use Only:
 Date Received: _____
 Menu Approved: YES / NO
 Supplier Approved: YES / NO
 Approval Date: _____
 Sanitarian: _____
 Permit Type: _____
 Permit#: _____
 Expiration Date: _____
 Fee Required: YES / NO

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 consecutively, 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. **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.

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 (314-615-7866) in the Department of Public Works and the Licensing Division (314-615-5107) in the Department of Revenue for more information

I. Event Information

Name of Event: Chef Showcase Kirkwood Community Center
 Address of Event: 111 S. Geyer Rd. Zip: 63122
 Start Date of Event: 4/19/2020 End Date of Event: 4/19/2020
 Start Time of Event: 5:30 End Time of Event: 8:00
 Name of Event Coordinator: Stan Rickert / Betsy Saloman
 Event Coordinator's Phone Number: 314-395-0988
 Municipality: Kirkwood Unincorporated

II. Application Information

Name of Temporary Food Establishment: _____
 Name of Owner/Operator: _____
 E-mail Address: (We email all permits unless otherwise requested) _____
 Mailing Address: _____
 Street City State Zip
 Phone Number: _____ Fax Number _____

III. Temporary Food Establishment Information

Circle type of Sanitizer:
 Unscented Bleach (chlorine) Quat (ammonium) Other _____
 Appropriate test strip for sanitizer? Yes No

IV. Off-Site Food Preparation*

Any food being prepared off-site? _____ If yes, please complete this section.

Name of Facility: _____

Location: _____ Phone: _____

Establishment's Permit Number: _____

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

- Initial: _____ 1. The operator is responsible for meeting all requirements as set forth in the Food Code of Saint Louis County Department of Public Health.
- Initial: _____ 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.
- 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 Saint Louis County Department of Public Health 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.

Print Name: _____

Signature: _____ Date: _____

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Public Health Satellite Offices:

CENTRAL

6121 N. Hanley Rd.
Berkeley, MO 63134
Phone: 314.615.8900
Fax: 314.615.8951

NORTH

715 Northwest Plaza
St. Ann, MO 63074
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