



**Temporary Health Permit Application
(Please Print)**

Temporary Events/Concessions/Kiosks

Permit # _____

Class: Temporary

Date: _____

Fee: _____

501(c)3# _____

Nexus Issue # _____

Name of Establishment _____

Address of Establishment _____ **ZIP** _____ **Phone#** _____

**** Is this a Mobile Food Unit** **YES** **NO** **If yes, will food be cooked inside unit?** **YES** **NO**

Name of Event _____

Address of Event _____

Temporary Dates of Operation _____

Location of Food Preparation (if not at Event Location; must provide current health permit if using a commercial kitchen.)

Owner of Business _____

Address _____

Phone # _____ **Email** _____

Food Being Conveyed

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Printed Name of Applicant

Signature of Applicant

Date