



**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