



# JEFFERSON COUNTY HEALTH DEPARTMENT

## TEMPORARY FOOD SERVICE PERMIT APPLICATION

THIS APPLICATION WILL SERVE AS YOUR LICENSE WHICH MUST BE POSTED AT EVENT LOCATION

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| <input type="checkbox"/> Establishments with <u>2 or fewer</u> employees working at any one time (\$85 license fee)<br><input type="checkbox"/> Establishments with <u>more than 2</u> employees working at any one time (\$115 license fee) |
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\* PLEASE PRINT \*

Licensee (Operator/Owner) Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Licensee Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ Contact FAX: (\_\_\_\_) \_\_\_\_\_

Name of Temporary Event: \_\_\_\_\_

Temporary Event Physical City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Menu Items: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ To \_\_\_\_\_ Total Days: \_\_\_\_\_ (21 Consecutive Day Limit)  
(Start Date) (Last Day)

*I hereby certify that the information I have supplied above is true and correct.*

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ❖ TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT THE SPECIFIED TEMPORARY EVENT, FOR THE DATES OF OPERATION SPECIFIED ABOVE. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW REQUIREMENTS AS SPECIFIED BY THE LOCAL HEALTH AUTHORITY.

**Please make checks payable to Jefferson County**  
**Mail To: Environmental Health Department, PO BOX H Boulder MT 59632**

***This Section is to be completed and signed by the Regulatory Authority Only!***

Approved Menu: \_\_\_\_\_

License Limitations and Restrictions: All food must be from approved sources and kept at appropriate temps (<41°F or > 135°F). No bare hand contact with RT and foods. Hot water, soap and paper towed must be available for food handlers.

SIGNATURE OF REGULATORY AUTHORITY: \_\_\_\_\_  
(Signature verifies compliance with applicable statutes and rules for this establishment – 50-50 MCA & ARM 37.110.200)

PRINTED NAME OF REGULATORY AUTHORITY: \_\_\_\_\_

DATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_