

# JEFFERSON COUNTY HEALTH DEPARTMENT TEMPORARY EVENT FOOD SERVICE VENDOR APPLICATION

Name of Event \_\_\_\_\_ Location \_\_\_\_\_

Date and Time of Event \_\_\_\_\_

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Person in Charge of Booth \_\_\_\_\_ Telephone \_\_\_\_\_

<input type="checkbox"/> Non Profit (Exempt from licensing fees) <input type="checkbox"/> Food Purveyors License # _____ (F10 or F7) <input type="checkbox"/> \$85.00 Establishments with 2 or fewer employees working at any one time. <input type="checkbox"/> \$115.00 Establishments with 3 or more employees working at any one time. <p style="text-align: center;"><b><u>Make check payable to MDPHHS</u></b></p>	<p><b>Office use Only:</b></p> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Receipt # _____
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**Check the category that best describes your vending:**

- Prepackaged snacks (chips, candy, gum, nuts), ice cream novelties, whole fruits, canned or bottled soda/water/juice, bulk nuts, dispensed soda, etc.
- Fruit cups, unwrapped bakery, unwrapped desserts, scooped ice cream without toppings, etc.
- Making*** cotton candy, lemonade, sno-cones, soft-serve ice cream, fruit cups, popcorn, sundaes, floats, cakes, pastries, cookies, funnel cakes, fritters, donuts, espresso, cappuccino, tea, fruit juice, smoothies, confections, roasted nuts, coffee, kettle corn, etc.
- Potentially hazardous foods ie, hamburgers, hot dogs, brats, etc.

Menu

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: **No food preparation may be done at home. All food must be prepared on site or in an approved licensed kitchen.**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

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**The following section is to be completed by the Health Department for internal use only**

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\_\_\_\_\_  
 JCHD Staff

\_\_\_\_\_  
 Date