

**APPLICATION FOR TEMPORARY
FOOD SERVICE OPERATION PERMIT**

_____ **HEALTH DEPARTMENT**

_____ **ADDRESS**

APPLICATION IS HEREBY MADE TO
OPERATE A TEMPORARY FOOD SERVICE
ESTABLISHMENT IN ACCORDANCE WITH
THE APPLICABLE RULES AND
REGULATIONS OF THE WEST VIRGINIA
BUREAU OF PUBLIC HEALTH

PLEASE PRINT:

Name of Event: _____ **Date of Planned Operation:** _____

Location: _____

Name of Organization or Company Operating the Food Concession: _____

Concession receipts for a religious, educational, charitable or non-profit organization () Yes () No

List of foods and beverages prepared on site: _____

Are raw meats, fish, poultry, or eggs to be handled? () Yes () No

List of foods and beverages prepared elsewhere: _____

How will potentially hazardous foods be maintained at temperatures below 41°F or above 140°F ? _____

Describe facilities to wash, rinse, and sanitize utensils: _____

Describe handwashing facilities: _____

Is potable (safe drinking water) available at the site? () Yes () No

Representative/agent completing application: _____ Phone number: _____

Mailing address: _____

_____ Date of application

_____ Signature of applicant: () owner () agent

SUBMISSION OF FOOD FACILITY PLANS MAY BE REQUIRED

FOR HEALTH DEPARTMENT USE ONLY

Permit number if required: _____
Date of initial inspection: _____ Permit issued on: _____ by: _____
Permit valid on following dates, inclusive: _____
Other action: _____
