



**SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH**  
**Division of Environmental Protection**  
**Food and Environmental Davison**  
**6121 North Hanley Rd.**  
**Berkeley, MO 63134**

**For Office Use Only:**  
 Date Received: \_\_\_\_\_  
 Menu Approved: YES / NO  
 Supplier Approved: YES / NO  
 Approval Date: \_\_\_\_\_  
 Sanitarian: \_\_\_\_\_  
 Permit Type: \_\_\_\_\_  
 Permit#: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Fee Required: YES / NO

**TEMPORARY FOOD ESTABLISHMENT APPLICATION** **Incomplete applications will delay processing of permit. Please type or print clearly. Applications will be processed in the order they are received.**

**Temporary food establishment health permits are valid 1 to 14 days consecutively, with a \$35 permit fee.** Applications **MUST** be received at the office at least **(10)** calendar days **PRIOR** to the event. Submit Check or money order with the application.

**Non Profit Organizations** that provide a copy of their **State Tax Exempt Letter** are exempt from fees. However, they must obtain a temporary food establishment health permit and follow the Saint Louis County Food Code.

Note: If operating in unincorporated Saint Louis County, a Special Event Permit (from Public Works is required prior to obtaining a Temporary Food Establishment Permit from the Department of Public Health. Contact the Zoning Division (314-615-7866) in the Department of Public Works and the Licensing Division (314-615-5107) in the Department of Revenue for more information

**I. Event Information**

Name of Event: \_\_\_\_\_  
 Address of Event: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Start Date of Event: \_\_\_\_\_ End Date of Event: \_\_\_\_\_  
 Start Time of Event: \_\_\_\_\_ End Time of Event: \_\_\_\_\_  
 Name of Event Coordinator: \_\_\_\_\_  
 Event Coordinator's Phone Number: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  Unincorporated

**II. Application Information**

Name of Temporary Food Establishment: \_\_\_\_\_  
 Name of Owner/Operator: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_  
 Tax Exempt Number (if applicable): \_\_\_\_\_

**III. Temporary Food Establishment Information**

Circle type of Sanitizer?  
**Unscented Bleach** (chlorine) **Quat** (ammonium) Other: \_\_\_\_\_  
 Appropriate test strip for sanitizer? \_\_\_\_ Yes \_\_\_\_ No

**IV. Off-Site Food Preparation\***

Any food being prepared off-site? \_\_\_\_\_ If yes, please complete this section.

Name of Facility: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Establishment's Permit Number: \_\_\_\_\_

**V. List All Foods and Beverage Items to be Prepared/Served:**

(Additional sheet may be used for additional menu items if needed.)

FOOD ITEM	SOURCE	OFF-SITE PREP (YES/NO)*	COOKING EQUIPMENT (LIST TYPE)	ELECTRICAL COLD HOLDING EQUIPMENT	ELECTRICAL HOT HOLDING EQUIPMENT

Menu items may be restricted. Home prepared foods are prohibited from use. All foods must be obtained from an approved source.

**VI. Operator Responsibilities**

Initial: \_\_\_\_\_

1. The operator is responsible for meeting all requirements as set forth in the Food Code of Saint Louis County Department of Public Health.

Initial: \_\_\_\_\_

2. I have received a copy of the **Temporary Food Establishment Checklist** and understand critical violations may result in the suspension of the Temporary Food Establishment Health Permit.

Initial: \_\_\_\_\_

3. I understand the **booth must be properly equipped** and **ready to operate by the start time of the event**; failure to do so may result in suspension of the Temporary Food Establishment Health Permit.

Initial: \_\_\_\_\_

4. I understand I must contact the Saint Louis County Department of Public Health to advise of any changes or additions to this application prior to the event.

Initial: \_\_\_\_\_

5. I understand this application is for a **Temporary Food Establishment Health Permit** only. The operator is responsible for obtaining all applicable permits as required by other agencies.

Print Name: \_\_\_\_\_

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

**No refunds** will be given to a vendor for failure to participate at a scheduled event.

**Public Health Satellite Offices:**

**CENTRAL**

6121 N. Hanley Rd.  
Berkeley, MO 63134  
Phone: 314.615.7469  
Fax: 314.615.8951

**SOUTH**

4562 Lemay Ferry Rd  
St. Louis, MO 63129  
Phone: 314.615.4027  
Fax: 314.615.4008

**WEST**

74 Clarkson Wilson Ctr  
Chesterfield, MO 63017  
Phone: 314.615.0929  
Fax: 314.615.0925