



Waupaca County

Department of Health and Human Services

Health Services Division / Environmental Health Unit
Food Safety & Recreational Licensing Program

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

WAUPACA COUNTY ORDINANCE 10.08
97.30, 254.61, Wis. Stats

WI ADMIN CODE HFS 196

Before completing this application, read Temporary Food Service Guidelines. Have you read this material? Yes No

Operators Name Mailing Address City State Zip

Name of Food Stand Name of Event Dates of Event

Location of Stand

Contact(s) Phone Number Email

1) MENU: LIST ALL ITEMS (Any changes must be submitted and approved by this department at least 5 days prior to the event)

2) WILL ALL FOODS BE PREPARED AT THE TEMPORARY FOOD SERVICE BOOTH? Yes; Fill out Section below:

List each **potentially hazardous** food item, and indicate which preparation procedure will occur in the space below.

Potentially hazardous food means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms. Potentially hazardous food does not include food which have a pH level of 4.6 or below or a water activity (a-w) value of 0.85 or less (Wisconsin Food Code)

Preparation Procedures (Check all that apply)

Food Item	Cook	Fry	Grill	Bake	Re-heat	Cool	Hot Hold	Cold Hold	Mix	Cut	Slice	Assemble	Bread	Other

****Note:** If your food preparation procedures cannot fit in these charts, please list all of the steps in preparing each menu item on an attached sheet.

No; Provide the following information:

1. Attach a copy of the agreement for use of another approved kitchen giving dates and times.
2. Provide a copy of the establishment license or license I. D. Number

(OVER)

3. Provide establishment name and address where food is to be prepared:

3) FOR EACH POTENTIALLY HAZARDOUS FOOD ITEM PREPARED AND SERVED (I.E., MEAT, POULTRY, SEAFOOD, MILK, EGGS, ETC.) INDICATE THE NAME AND ADDRESS OF THE SOURCE OR MANUFACTURER:

Food item	Name of Establishment	Address & Telephone Number

4) PLEASE DESCRIBE:

Source and storage of water: _____

Storage and disposal of wastewater: _____

Storage and disposal of garbage: _____

5) FEES: Temporary Restaurant (FRT) **\$229.00**

Make Check Payable To: Waupaca County DHHS	Submit To: Waupaca County Health DHHS - FSRL 811 Harding St Waupaca, WI 54981
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7) DRAW A SKETCH of the proposed temporary food booth on a separate piece of paper and attach to the application.

- A. Draw in the location and identify all equipment including handwashing, dishwashing, ranges, grills, hot food holding facilities, refrigerators, worktables, food/single service storage, etc.
- B. Describe the construction and materials used for floor, wall and ceiling surfaces:
- C. Describe how food preparation and utensil washing areas will be effectively screened to prevent contamination from flies and other insects:

Pursuant to Section 10.08 of the General Code of Waupaca County and Section 66.124 Stats. and Wisconsin Administrative Code, Chapter HFS 173.04 and 174.11, you may appeal any written orders of the Waupaca County Health Officer and all decisions of the Health Department relative to its permit-issuing authority pursuant to Sections 10.08 of the General Code of Waupaca County, except in those cases where the Appellant has a right to a state administrative appear hearing.

I certify that I am familiar with the Temporary Food Service Requirements – as required in the Wisconsin Food Code and the described establishment will be operated and maintained in accordance with applicable regulations.

Applicant's Printed Name

Applicant's Signature

Date

Applicants Drivers License#

For Office Use Only
Amount Paid: _____
Date: _____
Permit Issued: _____