



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

# TEMPORARY FOOD SERVICE EVENT APPLICATION

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with required fee to the Environmental Health (EH) office of the County Health Department. NO HOME PREPARED FOODS

Check the appropriate temporary event vendor type (License cannot exceed 18 days in a calendar year):  1- 3 Days  4-18 Days

Current Food Service License Number (if applicable): \_\_\_\_\_

Certified Food Manager (if applicable): \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_  
Street City State ZIP Code

EVENT NAME: \_\_\_\_\_

EVENT SPONSOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_  
Street City State ZIP Code

EVENT DATES & HOURS OF OPERATION: \_\_\_\_\_

TYPE(s) of FOOD BEING SERVED: \_\_\_\_\_

HANDWASHING FACILITIES:  YES  NO (  HOT & COLD  HOT ONLY  COLD ONLY)

LOCATION OF HANDWASHING FACILITIES: \_\_\_\_\_

Comment/Special Instructions: \_\_\_\_\_

FOR EH USE ONLY: Temporary Event Fee: \$ \_\_\_\_\_

Please make check or money order payable to: Florida Department of Health in \_\_\_\_\_ County

The undersigned representative hereby agrees to operate in accordance with the requirements of Chapter 381.0072, Florida Statutes, and Chapter 64E-11, Florida Administrative Code. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the temporary food service event license.

Signature (Sponsor/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

Signature (EH Official) \_\_\_\_\_ Date \_\_\_\_\_