



Carson City Health & Human Services

Environmental Health Division

Temporary Food Permit Application

FOR OFFICE USE ONLY

Date Paid: _____
 AMT Paid: _____ Late Fee: _____
 Check #: _____
 Receipt Number: _____
 Nonprofit Tax ID#: _____

Application must be submitted to Carson City Health & Human Services 5 days prior to event or an additional late fee will be charged.

1. Event:	Location of Event:
2. Dates of Event: _____ Through _____	Begin Time: _____ End Time: _____
3. Business/Organization/Food Service Represented:	
4. Applicant's Name:	Phone _____
5. Applicant's Address:	Fax _____
6. Person(s) in Charge at Food Service Site:	
7. Location of Advanced Preparation:	

	Prep Begins _____	Prep Ends: _____
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8. Please List All Foods to be Served: **FOODS NOT LISTED ON THE MENU WILL NOT BE ALLOWED TO BE SERVED**

FOOD ITEM	*PREP - ON OR OFF SITE	COOKING PROCEDURES	HOLDING HOT OR COLD	SERVING HOT OR COLD

***According to NAC 446.050 subsection 4 No food prepared or stored in a private home may be used, stored, served, offered for sale, sold, given away or offered to the public in a food establishment. This permit is for a temporary food establishment and falls under the above statement. Any food found to be prepared at home will be discarded on site and possible revocation of permit.**

9. Describe: Cold/Hot Holding Equipment:	Cooking/Reheating Equipment: _____
10. If Food is Transported to the Food Service Site: What is the Length of Time in Transport: _____ How is the Food to be kept Hot or Cold? _____	
11. Stem-Type (0-220 degrees F.) Food thermometer available? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>REQUIRED</u>	
12. Water Source: _____	Wastewater Disposal: <input type="checkbox"/> Sewer <input type="checkbox"/> Holding Tank
13. Handwashing Facilities: <input type="checkbox"/> Plumbed Sink or <input type="checkbox"/> Gravity Flow Container (As a minimum, you need 2 gallons in an insulated container with a spigot, a covered bucket for wastewater, pump soap container and paper towels)	
14. Utensil Washing Facilities: <input type="checkbox"/> Plumbed 3-compartment sink <input type="checkbox"/> Adequate supply of clean utensils for daily operation or <input type="checkbox"/> Other	
15. Garbage disposal: <input type="checkbox"/> Cans or <input type="checkbox"/> Dumpsters	
16. Food Booth Construction:	

I hereby consent to inspection by Carson City Health & Human Services and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements.

Applicant's Signature _____	Date: _____
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