

Jackson County Health Department
APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

Permit for Single Event Establishment is a Non-Profit Establishment is For Profit

EVENT NAME: _____

EVENT LOCATION: _____

Food Establishment: Name _____ Phone _____
Mailing _____
Address: _____ Fax _____
Intended _____
Events: _____ Dates of Operation _____

Applicant: Name _____ Phone _____ Fax _____
Mailing _____
Address _____ E-Mail _____

Type Operation: PHF means Potentially Hazardous Food, those requiring temperature controls.

- No PHF** Prepackaged non-PHF only (i.e., prepackaged chips, canned/bottled drinks, packaged candies)
- Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF.
- Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.

Construction of establishment: Tent Mobile Unit (Trailer) Permanent Structure Other _____

**Please write or attach a sample menu on the reverse side of this application
as well a copy of your non-profit status (letter of proof from the IRS)**

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule §64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ Signature of Applicant _____

PLEASE SEND APPLICATION AND PERMIT FEE TO:

Jackson County Health Department
504 S Church Street
Ripley, West Virginia 25271

For Health Department Use Only

Date Received _____ Reviewed By _____ Permit Fee _____ Permit Issued Denied
Date Issued _____ Permit No _____ Comments _____