KENOSHA COUNTY DIVISION OF HEALTH
8600 SHERIDAN ROAD, SUITE 600 KENOSHA, WI 53143
PHONE (262-605-6700) FAX (262-605-6715)

TEMPORARY FOOD SERVICE PERMIT APPLICATION

Application & Fee must be submitted at least 10 days prior to the date of the event

Fee can be paid by cash, money order, credit cards, or **local checks only** payable to: Kenosha County Division of Health.
Current fee schedule and credit card payment link may be found on the Web Site:
http://www.co.kenosha.wi.us/dhs/Divisions/Health/ServicesEnvironment/index.php
Please call inspectors with additional questions between 8-9:00 a.m.

NAME OF OPERATOR/ORGANIZATION _____ MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

LICENSEE/CONTACT PERSON _____ PHONE NUMBER _____

EVENT NAME _____ LOCATION OF EVENT _____

DATE(S) OF EVENT _____ TIME OF SET-UP _____ TIME FOOD WILL BE SERVED _____

MENU: LIST ALL ITEMS

WILL ALL FOODS BE PREPARED AT THE TEMPORARY FOOD SERVICE BOOTH? ☐ YES ☐ NO
(NOTE: **HOME-PREPARED FOODS ARE NOT PERMITTED**)

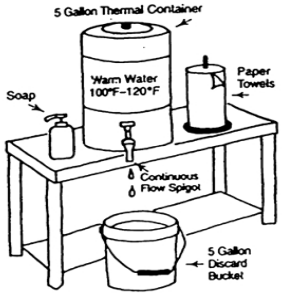
IF NO, WHERE WILL THE FOOD PREPARATION OCCUR? (NAME OF FACILITY AND ADDRESS)

HOW WILL YOU PROVIDE TEMPERATURE CONTROL FOR POTENTIALLY HAZARDOUS FOODS?
CHECK AS MANY AS YOU WILL BE USING:

HOT HOLDING: ☐ STEAM TABLE ☐ OVEN ☐ CHARCOAL GRILL ☐ GAS GRILL ☐ STEAMERS ☐ STOVE
☐ HOT HOLDING CASE **STERNO DEVICES ARE NOT PERMITTED FOR USE**
☐ OTHER:

COLD HOLDING: ☐ COMMERCIAL REFRIGERATOR/FREEZER ☐ REFRIGERATED TRUCK, DRAINED ICE
☐ DRY ICE
☐ OTHER:

HANDWASH FACILITIES MUST BE SET UP IN THE BOOTH BEFORE ANY FOOD PREPARATION OR FOOD SERVICE MAY BE DONE



In making this application, I understand that this business is subject to the provisions of Chapter 16 of the Municipal Code of Kenosha County.

_____
SIGNATURE OF APPLICANT DATE

APPROVED BY:
HEALTH INSPECTOR _____ DATE_____