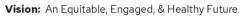


TEMPORARY/TRANSIENT RETAIL FOOD PERMIT APPLICATION

NAME OF BUSINESS/ORGANIZATION			
MAILING ADDRESS	CITY	STATE	ZIP
CONTACT PERSON NAME		PHONE NUMBER	
CONTACT PERSON E-MAIL		DATE(S) OF EVENT	
EVENT NAME		LOCATION OF EVENT (CITY/VILLAGE/TOWN)	
MENU: LIST ALL ITEMS and attach	menu if needed.	(5,,	
WILL ALL FOOD ITEMS BE PREPAR (NOTE: HOME-PREPARED FOODS ARE NO IF NO, WHERE WILL FOOD PREPAR	T PERMITTED)	□ YES □ N LITY AND ADDRESS)	10
ESTABLISHMENT S'	TREET ADDRESS	CITY	STATE
HOW WILL TEMPERATURE CONTR	ROL FOR POTENTIALLY HAZARDOU	JS FOODS BE PROVIDED?	
CHECK ALL THAT MAY APPLY:			
☐ STEAM TABLE ☐ HOT HOLDING CASE	□ REFRIGERATED TRUCK □ COMME	RCIAL COOLER/FREEZER	RILL
OTHER			
(NOTE: STERNO DEVICES ARE NOT PERMI	TTED FOR USE. ICE/COOLER REQUIRE PR	RIOR APPROVAL)	
In making this application, I under Municipal Code of Kenosha Count		t to the provisions of Cha	pter 16 of the
SIGNATURE OF APPLICANT		DATE	

Application must be submitted at least 10 days prior to the date of the event. KCPH will determine fees. Fees must be paid prior to the event.

Questions call (262) 605-6591 or e-mail Environmental. Health@kenoshacounty.org



Mission: To inspire health and wellness in Kenosha County through service and leadership



