



Teton County Environmental Health
 P.O. Box 937, 460 E. Pearl Street
 Jackson, Wyoming 83001
 Ph. (307) 732-8490
 Fax (307) 732-8491

Temporary Food Service Application

Any person or group that sells or gives away food items as defined by the Wyoming Food Safety Rule must complete and submit an application **14 days prior to an event**. This includes all pre-packaged and ready to eat foods. Application fee is \$25 and is non-refundable. – **Late Applications are subject to a \$25 late fee.**

****Make check payable to: TCEH (Teton County Environmental Health)****

We do accept credit cards; there is a \$1.50 convenience fee for transactions.

Organization Information

Organization Name: _____

Address: _____
Mailing Address

_____ *City* _____ *State* _____ *ZIP Code*

Email: _____ Phone number: _____

Person In Charge-Must be present at the event and have Food Handler Certification attached: _____

Temporary Facility Information

Food Suppliers: _____

Location of food preparation: _____

Describe how foods will be:

Held at 41 ° or below : _____

Cooked: _____

Hot held at 135° or above: _____

Requirements

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Do you have a stem reading thermometer to check food internal temperatures (0°-220°)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have a handwashing station set-up (jug with valve, soap, paper towels and a catch bucket)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Extra prep- equipment and utensils OR a 3 compartment ware washing setup? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Overhead tent or canopy for the entire food prep/ service area including 3 sides (for inclement weather)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Flooring of asphalt, concrete, plywood rubber mats etc.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Approved sanitizer and appropriate test strips (usually CL at 50-100ppm)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |



Organization Name: _____

Person In charge: _____ Phone number: _____

Event Information

Name of Event : _____

Event Dates: _____

Event Times: _____

Event Location: _____

Menu: _____

Second Event Information – if applicable

Name of Event : _____

Event Dates: _____

Event Times: _____

Event Location: _____

Menu: _____

Third Event Information – if applicable

Name of Event : _____

Event Dates: _____

Event Times: _____

Event Location: _____

Menu: _____

****Prior to receiving the initial license, page 1 of this application MUST be completed. For additional events in the same calendar year only page 2 needs to be submitted with appropriate payment and late fees. Each license cannot exceed 14 consecutive calendar days per event.**

I understand the license for which I am applying is non-transferable. It may be denied, suspended, or revoked for non-compliance or consecutive violation of the standards governing this activity, in accordance with Wyoming Food Drug and Cosmetic Safety Act. I have reviewed the temporary establishment guidelines and agree to abide by all established requirements for this activity.

Signature _____ Date: _____