



Temporary Food Establishment Application – Competition-Only

Incomplete applications will delay processing of permit. Please type or print clearly. Applications will be processed in the order they are received. No refunds will be given to a vendor for failure or inability to participate at a scheduled event.

Temporary food establishment health permits are valid **1 to 14 days consecutively.**

Applications **must** be received at the office at least 10 calendar days **prior** to the event.

Competition Only: no vending or sampling of food. **Violators will be denied future competition-only permits. They will be required to submit and pay the \$35.00 fee.** Must be a member of BBQ Association. Please list the name of the BBQ Association below.

For office use only:	
Stamp date received/payment: _____	Menu Approved: Yes / No
	Supplier Approved: Yes / No
	Approval Date: _____
	Env. Rep/Specialist: _____
	Permit Type: _____
	Permit #: _____
	Expiration Date: _____
	Fee Required: Yes / No

BBQ Association Name: _____ Contact Person: _____ Phone: _____

I. Event Information

Name of event: _____

Event Address: _____ City: _____ State: _____ ZIP: _____

Start Date of Event: _____ End Date of Event: _____

Start Time of Event: _____ End Time of Event: _____

Event Coordinator Name: _____ Event Coordinator Phone: _____

Event Coordinator Email: _____

Municipality: _____ Unincorporated

II. Application Information

Name of Temporary Food Establishment: _____

Name of Owner/Operator: _____

E-mail Address: (all permits are emailed unless otherwise requested): _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

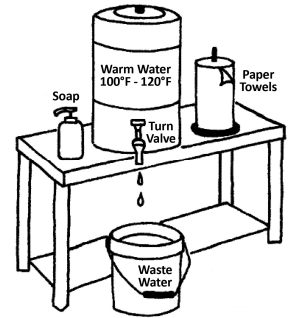


III. Temporary Food Establishment Information

Check type of Sanitizer: Unscented Bleach (chlorine) Quat (ammonium) Other _____

Appropriate test strip for sanitizer? Yes No

- 1. Is mechanical refrigeration available to hold cold foods? Yes No
- 2. Is mechanical hot holding equipment such as a steam well available to keep hot foods hot?? Yes No
- 3. Is a stem thermometer available for food temperatures? Yes No
- 4. Is a hand washing station available with a water jug with a free-flowing spout, a bucket for wastewater, soap and paper towels like the one shown? Yes No
- 5. Is a wash rinse and sanitize station available for dishwashing? Yes No



IV. Off-Site Food Preparation*

Any food being prepared off-site? If yes, please complete this section **and attach a commissary agreement.**

Name of Facility: _____

Location: _____ Phone: _____

Facility Permit Number: _____ Facility Email: _____

V. List All Foods and Beverage Items to be Prepared/Served

(Additional sheet may be used for additional menu items if needed.)

Food Item	Source	*Off-Site Prep (Yes/No)	Cooking Equipment (List Type)	Electrical Cold Holding Equipment	Electrical Hot Holding Equipment

**Menu items may be restricted. Home prepared foods are prohibited from use.
All foods must be obtained from an approved source.**



VI. Operator Responsibilities

Please initial each line below. Your initial will represent that you have read the items and understand the requirements of an operator.

- _____ 1. The operator is responsible for meeting all requirements as set forth in the Food Code of Saint Louis County Department of Public Health.
- _____ 2. I have received a copy of the Temporary Food Establishment Checklist and understand critical violations may result in the suspension of the Temporary Food Establishment Health Permit.
- _____ 3. I understand the **booth must be properly equipped and ready to operate by the start time of the event**; failure to do so may result in suspension of the Temporary Food Establishment Health Permit.
- _____ 4. I understand I must contact the Saint Louis County Department of Public Health to advise of any changes or additions to this application prior to the event.
- _____ 5. I understand this application is for a **Temporary Food Establishment Permit – Competition-Only**. The operator is responsible for obtaining all applicable permits as required by other agencies.

Applicant’s Signature: _____ Date: _____

Applicant’s Printed Name: _____

Public Health Satellite Offices

North

715 Northwest Plaza Dr
St. Ann, MO 63074
o: (314) 615-7469
f: (314) 615-7439

South

4562 Lemay Ferry Rd
St. Louis, MO 63129
o: (314) 615-4027
f: (314) 615-4008

West

74 Clarkson Wilson
Chesterfield, MO 63107
o: (314) 615-0929
f: (314) 615-0925

Central

6121 N Hanley Rd
Berkeley, MO 63134
o: (314) 615-8900
f: (314) 615-8951

For additional food safety information, visit us at: www.stlouiscountymo.gov