

## Temporary Non-Profit Food Service Inspection Application

Non-Profit Event Name: \_\_\_\_\_

Non-Profit Event Location: \_\_\_\_\_

Non-Profit Event Organizer: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Daily Hours of Operation: \_\_\_\_\_

Booth Name: \_\_\_\_\_

Person in charge of booth: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail of person in charge: \_\_\_\_\_

Structure Type:  Tent  Mobile Unit  Other (Specify): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR MENU WITH THIS APPLICATION**

**AND INCLUDE PAYMENT OF ALL APPLICABLE FEES**



**BOOTH SKETCH / FLOOR PLAN**

A. Sketch the top view (overhead) and identify all equipment including hand wash facilities, cooking equipment, refrigerators (ice chest), worktables, storage areas, sanitizing bucket and sneeze guards.

B. Type of floor, wall and overhead covering.
