



SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Services
Food and Environmental Programs
6121 North Hanley Rd.
Berkeley, MO 63134

For Office Use Only:
Date Received: _____
Menu Approved: YES / NO
Supplier Approved: YES / NO
Approval Date: _____
Sanitarian: _____
Permit Type: _____
Permit#: _____
Expiration Date: _____
Fee Required: YES / NO

COMPETITION ONLY TEMPORARY FOOD ESTABLISHMENT APPLICATION

Incomplete applications will delay processing of permit. Please type or print clearly.

Applications will be processed in the order they are received.

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.

BBQ Association Name

Contact Person

Phone Number

I. Event Information

Name of Event: _____

Address of Event: _____ Zip: _____

Start Date of Event: ____/____/____ End Date of Event: ____/____/____

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

Name of Event Coordinator: _____

Event Coordinator's Phone Number: _____

Municipality: _____ Unincorporated

II. Application Information

Name of Temporary Food Establishment: _____

Name of Owner/Operator: _____

E-mail Address: (We email all permits unless otherwise requested) _____

Mailing Address: _____

Street City State Zip

Phone Number: _____ Fax Number _____

III. Temporary Food Establishment Information

Circle type of Sanitizer:

Unscented Bleach (chlorine) **Quat** (ammonium) Other _____

Appropriate test strip for sanitizer? Yes No

IV. Off-Site Food Preparation*

Any food being prepared off-site? _____ If yes, please complete this section.

Name of Facility: _____

Location: _____ Phone: _____

Establishment's Permit Number: _____

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

Initial: _____

1. The operator is responsible for meeting all requirements as set forth in the Food Code of Saint Louis County Department of Public Health.

Initial: _____

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.

Initial: _____

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.

Initial: _____

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.

Initial: _____

5. I understand this application is for a **Competition Only Temporary Food Establishment Health Permit** only. The operator is responsible for obtaining all applicable permits as required by other agencies.

Print Name: _____

Signature: _____ Date: _____

Public Health Satellite Offices:

CENTRAL

6121 N. Hanley Rd.
Berkeley, MO 63134
Phone: 314.615.8900
Fax: 314.615.8951

NORTH

715 Northwest Plaza
St. Ann, MO 63074
Phone: 314.615.7469
Fax: 314.615.7439

SOUTH

4562 Lemay Ferry Rd
St. Louis, MO 63129
Phone: 314.615.4027
Fax: 314.615.4008

WEST

74 Clarkson Wilson Ctr
Chesterfield, MO 63017
Phone: 314.615.0929
Fax: 314.615.0925