



West Virginia Department of Health  
Health Department

**APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

**EVENT NAME:** \_\_\_\_\_

**Food Establishment:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Location: \_\_\_\_\_ Dates of Operation \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Age ≥ 18?  
 Yes  No Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

**Type Establishment**

- Temporary Food Service Establishment (Operating ≤14 days and serving TCS food)
- In-State Vendor Temporary Food Service Establishment ( Only selling non-TCS food)

**Type Operation:** TCS means time/temperature control for safety food, those requiring time/temperature controls.

- Min. Food Prep. Minimal food preparation (i.e. coffee/tea only, popcorn, etc.)
- Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, ..
- Full Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or Extensive handling of raw ingredients. Advanced prep for next day service.

Construction of establishment: Tent  Mobile Unit (Trailer)  Permanent Structure   
Other \_\_\_\_\_

**Attach sample menu or list menu on reverse side of this application.**

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule §64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**For Health Department Use Only**

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_ Permit Fee \_\_\_\_\_  
Permit  Issued  Denied Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Comments \_\_\_\_\_