ADDISON DEVELOPMENT & NEIGHBORHOOD SERVICES

TEMPORARY FOOD PERMIT APPLICATION

Temporary food service licenses are required to serve food and/or beverage for no more than four (4) consecutive days in conjunction with a Town sponsored event or other approved temporary food event hosted by an Addison business.
A complete application and non-refundable fee of **$100** must be submitted at least 14 business days in advance. No food or beverage stored or prepared in a private home may be offered for sale, sold, or given away from a temporary food facility. Please submit a copy of your food establishment permit and most recent inspection report if food is from a non-Addison restaurant.

APPLICANT INFORMATION

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

ON-SITE MANAGER: _____

EVENT INFORMATION

NAME OF EVENT: _____

EVENT ORGANIZER, SPONSOR, or COORDINATOR: _____

CONTACT PERSON: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

LOCATION OF EVENT: _____

DATE/TIME(s) OF EVENT: _____

EVENT TO BE HELD ENCLOSED: ◯ OUTDOORS: ◯

ANTICIPATED MAXIMUM ATTENDANCE AT PEAK TIME: _____

MENU

PLEASE LIST SPECIFIC MENU ITEMS, INCLUDING DRINKS TO BE SERVED. ITEMS NOT APPROVED BELOW MAY NOT BE OFFERED FOR CONSUMPTION:

PREPARATION DETAILS

ONSITE COOKING EQUIPMENT:	

(continue on next page)

ADDISON DEVELOPMENT & NEIGHBORHOOD SERVICES

TEMPORARY FOOD PERMIT APPLICATION

ONSITE HOT HOLD AND/OR COLD HOLD EQUIPMENT:

FOOD SUPPLIERS (NAME & ADDRESS):

WILL FOOD PREPARATION TAKE PLACE PRIOR TO SCHEDULED EVENT?	◯ YES	◯ NO

IF YES, PROVIDE NAME AND LOCATION OF FOOD PREPARATION FACILITY:

SITE INFORMATION	YES	NO
Three compartment sinks:	◯	◯
Sanitizer test strips:	◯	◯
Handwashing facilities available:	◯	◯
Toilet facilities available:	◯	◯

SITE & PERSONNEL/EMPLOYEE INFORMATION

PERSON(s) SERVING FOOD/DRINK ONSITE. LIST ALL EMPLOYEES AND VOLUNTEERS ON ALL	

PERSON(s) CLEANING UP:	

(continue on next page)

ADDISON DEVELOPMENT & NEIGHBORHOOD SERVICES

TEMPORARY FOOD PERMIT APPLICATION

ONSITE HOT HOLD AND/OR COLD HOLD EQUIPMENT:

SITE INFORMATION	YES	NO
Three compartment sinks:	◯	◯
Sanitizer test strips:	◯	◯
Handwashing facilities available:	◯	◯
Toilet facilities available:	◯	◯

(continue on next page)

WASTE DISPOSAL DETAILS

NAME AND CONTACT INFORMATION OF PERSON RESPONSIBLE FOR SOLID WASTE AND LIQUID WASTE DISPOSAL:

COMPANY NAME: _____ Phone _____

CONTACT PERSON NAME: _____ Phone _____

Address: _____

Email: _____

ACKNOWLEDGEMENT

I certify that the submitted information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Authority may nullify the permit. I understand I am subject to inspection at any time during the event. I understand the fees are non-refundable. I understand that outdoor grilling, cooking, and hot hold activities in place during temporary food events must adhere to the Town of Addison Fire Department Ordinance and the policies and procedures outlined in the Temporary Events Procedures document and is subject to the approval of the Regulatory Authority.

SIGNATURE DATE

DID YOU REMEMBER TO:
☐ Completely fill out application
☐ Sign application
☐ Attach copy of permit
☐ Attach copy of most recent inspection report
Attach copy of Certified Food Manager
Attach copy of Food Handler Cards

OFFICE USE ONLY	
Site Info	☐
IRS 501 PROVIDED	☐
ANNUAL PERMIT ON FILE	☐
OUT OF TOWN VENDOR	☐
COPY OF INSPECTION REPORT	
DATE PAID	
RECIEPT #	
METHOD	
ENV . HEALTH APPROVAL DATE	