

Teton County Environmental Health P.O. Box 937, 460 E. Pearl Street Jackson, Wyoming 83001 Ph. (307) 732-8490 Fax (307) 732-8491

Temporary Food Service Application

Any person or group that sells or gives away food items as defined by the Wyoming Food Safety Rule <u>must</u> complete and submit an application 14 days prior to an event. This includes pre-packaged and ready to eat foods and drinks. Application fee is \$50 and is non-refundable. – Late Applications are subject to a \$25 late fee.

Make check payable to: TCEH (Teton County Environmental Health)
We do accept credit cards; transaction fees apply.

Organization Information			
Organization Name:			
Address:			
Mailing Address			
City	State	ZIP Code	
Email: Phone number:			
Person in Charge (Name):			
The person in charge must be present at the event and have their fo	od safety tr	aining certifi	cate on-site
Temporary Facility Information			
Food Supplier(s):			
Location of food preparation:			
Describe how foods will be:			
Held Cold (41°F or below) :			
Cooked:			
Held Hot (135°F or above):			
Requirements			
Do you have a stem reading thermometer to check food internal temperatures (0°F - 220°F)?	YES 🗌	NO 🗆	N/A 🗌
Do you have a handwashing station set-up (jug with valve, soap, paper towels and catch bucket?	YES 🗌	NO 🗌	N/A 🗌
Extra prep equipment and utensils OR a 3-compartment warewashing setup?	YES 🗌	NO 🗆	N/A 🗌
Overhead tent or canopy for the entire food prep/ service area including 3 sides (this needs to be set up in the case of inclement weather)	YES 🗆	NO 🗆	N/A □
Flooring to protect from environmental contamination (such as asphalt, concrete, plywood, rubber mats, etc.)	YES 🗌	NO 🗌	N/A 🗌
Approved sanitizer and appropriate test strips (usually CL at 50-100ppm)?	YES 🗌	NO □	N/A 🗌
Are you cooking with combustible oils or animal fats? If yes: You need a Type K extinguisher and a noncombustible lid nearby.	YES 🗌	NO 🗌	N/A 🗌
Are you using a walled tent? If yes: You need a portable 2A:10BC extinguisher nearby.	YES 🗆	NO 🗌	N/A 🗌
Are you using LPG for fuel? If yes: The tank must be secured from falling and protected from hazards.	YES 🗌	NO 🗌	N/A 🗌



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App received:_	
Paid:	

Organization Name: _	
Person in charge:	Phone number:
	Event Information
Name of Event :	
Event Dates:	
Event Times:	
Event Location:	
Menu:	
	Occasional Franchiscon State of State o
	Second Event Information – if applicable
Name of Event :	
Event Dates:	
Event Times:	
Event Location:	
Menu:	
	Third Front Information of anythering
	Third Event Information – if applicable
Name of Event :	
Event Dates:	
Event Times:	
Event Location:	
Menu:	
	initial license, page 1 of this application MUST be completed. For additional events in the same calendar year e submitted with appropriate payment and late fees. Each license cannot exceed 14 consecutive calendar days
compliance or consec	se for which I am applying is non-transferable. It may be denied, suspended, or revoked for non- cutive violations of the standards governing this activity, in accordance with Wyoming Food Drug and I have reviewed the temporary establishment guidelines and agree to abide by all established activity.
Signature	Date: