



Renewal Application
Intermittent and Seasonal Temporary Restaurant License

1. What type of temporary restaurant license are you renewing?

- Intermittent Temporary Restaurant
Seasonal Temporary Restaurant

2. Food Booth Name:

Event Name(s)/Location of Food Booth:

Dates of Event(s):

Owner/Applicant Name:

Day phone: Cell phone:

Owner/Applicant Mailing Address:

Email:

3. Have you changed your operation from the original plan that was approved by the Health Department?

- No- Changes have not been made to my operation
Yes-Changes made since the original plan review approval are:

4. Are the event organizers providing the same infrastructure services (e.g., electricity, water, waste water dump station, garbage collection, etc.)?

- Yes-Same infrastructure is provided at the event site as with my previous license
No- The event organizers have changed these items from what they previously provided:

Note: Depending on the changes, the Health Department may require a new operational plan review.

I attest that the information provided on this form is accurate.

Signature

Printed Name

Date

For Office Use Only

Fee received: \$

Date:

Reviewed by:

Date:

Approved

Not Approved

New Plan Review Required