

City of St. Louis Department of Health
 Bureau of Environmental Health Services
 Food & Beverage Control Program
 1520 Market St., Room 4051
 St. Louis, MO 63103
 (314)657-1539



HEALTH PERMIT APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

IRS Tax ID No: _____ Date of Application: _____

or SSN: _____

***Must apply a minimum of 2 business days prior to event.**

Applicant Information	
Company/Organization Name _____	
Name of Applicant _____	
Street Address _____	City/State/Zip _____
Phone _____	e-mail _____
Name of Event _____	Street Address _____
Location (Describe location in detail if located in a park, college campus, or other large location) _____ _____	

Please circle dates of event. A separate permit is required for nonconsecutive days.

Month (circle all that apply)	Date(s) of Operation (circle all that apply)
JAN FEB MAR APR MAY JUN	1 2 3 4 5 6 7 8
JUL AUG SEP OCT NOV DEC	9 10 11 12 13 14 15 16
Times of Operation	17 18 19 20 21 22 23 24
_____	25 26 27 28 29 30 31

Temporary Permit Fees are \$50/day

Temporary Permits are limited to 14 days per year.

Temporary Permits are only for the dates that appear on the permit.

I hereby certify that the information provided is correct, and I fully understand that any deviation from this information without prior permission from the Health Department may nullify permit. I have received a copy of the requirements for approval to operate a temporary food establishment under Ordinance 68597, Section 10-101.3 and will ensure that the requirements are met. I understand that permits are not transferable and that fees are non-refundable.

Signature: _____	Date: _____
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FOR OFFICE USE ONLY	
Total days of event: _____	Ward #: _____
Fee Paid: _____	Clerk: _____ Date: _____

LIST OF FOOD ITEMS TO BE SOLD OR GIVEN AWAY

Do NOT include canned or bottled water and soda.

Do NOT include packaged items such as mustard, catsup, potato chips, etc.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____

ALL foods listed above MUST be prepared at the permitted location or transported from a permitted facility.

Provide name and location of permitted facility if different from event location.

Facility Name: _____ Address: _____

Contact number: _____