



www.kchd.wv.org

KANAWHA-CHARLESTON HEALTH DEPARTMENT

108 Lee Street, East /PO Box 927

Charleston, WV 25323-0927

(304) 344-KCHD (5243)

TEMPORARY FOOD PERMIT APPLICATION

1. NAME OF THE TEMPORARY FOOD ESTABLISHMENT(S):

2. DATE OF APPLICATION: _____

3. NAME OF ORGANIZATION: _____

4. NAME OF PERSON IN CHARGE: _____

5. MAILING ADDRESS (INCLUDE CITY AND ZIP CODE): _____

6. TELEPHONE NUMBER: (HOME/CELL) _____ (WORK) _____

7. NAME OF EVENT: _____

8. DATE(S) AND TIME(S) OF EVENT: _____

9. LOCATION OF EVENT: _____

10. HOW WILL FOOD BE KEPT HOT OR COLD?

PLEASE LIST MENU ON THE BACK OF THIS FORM

(If claiming exemption or nonprofit status please complete the nonprofit temporary food form with the tax-exempt ID number)

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

DATE: _____ AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

OFFICE USE ONLY

EXEMPT: () YES () NO

APPLICATION APPROVED: () YES () NO BY: _____

Administration	Clinic	Environmental	Epidemiology	Health Promotion
Phone: 304.348.6494	Phone: 304.348.8080	Phone: 304.348.8050	Phone: 304.348.1088	Phone: 304.348.6493
Fax: 304.348.6821	Fax: 304.346.4756	Fax: 304.348-8054	Fax: 304.384.8149	Fax: 304.348.6821