

**CITY/COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
100 CENTRAL AVE. - RM. 261
CHEYENNE, WY 82007-1330
PHONE (307)633-4090 - FAX (307)633-4038**

APPLICATION FOR TEMPORARY FOOD SERVICE LICENSE

TEMPORARY FOOD LICENSE IS ONLY VALID FOR FOURTEEN (14) CONSECUTIVE DAYS AT A FIXED LOCATION IN CONJUNCTION WITH ANY ONE (1) SINGLE EVENT/CELEBRATION.

- LICENSE FEES FOR TEMPORARY FOOD EVENTS SHALL BE \$25.00.
- CHECKS MADE PAYABLE TO "WYOMING DEPARTMENT OF AGRICULTURE".
- LICENSE FEES FOR TEMPORARY FOOD EVENTS OPERATED BY OFFICIAL NON-PROFIT ORGANIZATIONS SHALL BE WAIVED. (PROOF OF NON-PROFIT STATUS REQUIRED).
- ALL FOODS MUST BE FROM APPROVED SOURCES. MEATS & POULTRY MUST BE USDA APPROVED.
- FOODS SHALL BE MADE ON SITE OR AT AN APPROVED COMMERCIAL ESTABLISHMENT.
- NO HOME PREPARED FOODS MAY BE SERVED.

EVENT: _____

EVENT LOCATION: _____

BUSINESS/ORGANIZATION NAME: _____

ADDRESS: _____ CITY/ST/ZIP _____

OPERATOR NAME: _____

DAY TIME PHONE NUMBER: _____ FAX NUMBER: _____

LIMITED MENU: _____

LOCATION OF FOOD PREPARATION: _____

FUNCTION START DATE: _____ END DATE: _____

FUNCTION START TIME: _____ END TIME: _____

I UNDERSTAND THE LICENSE FOR WHICH I AM APPLYING IS NON-TRANSFERABLE. IT MAY BE DENIED, SUSPENDED, OR REVOKED FOR NON-COMPLIANCE OR CONSECUTIVE VIOLATIONS OF THE STANDARDS GOVERNING THIS ACTIVITY, IN ACCORDANCE WITH THE WYOMING FOOD, DRUG, AND COSMETIC SAFETY ACT. I AGREE TO COMPLY WITH THE ESTABLISHED REQUIREMENTS FOR THIS ACTIVITY AT ALL TIMES DURING ACTUAL OPERATION.

SIGNATURE OF RESPONSIBLE PARTY: _____ DATE: _____

(Not valid without signature)

APPROVED BY: _____	DATE: _____	PAID: (Y) (N)	AMOUNT: _____	CK #: _____
LICENSE NO.: _____	ID#: _____	(EXEMPT) TAX ID # _____		

NOTE: Contact City Clerk's Office and City Fire Department if function is within the city limits.