



SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Services
Food and Environmental Programs
6121 North Hanley Rd.
Berkeley, MO 63134

For Office Use Only:
 Date Received: _____
 Menu Approved: YES / NO
 Supplier Approved: YES / NO
 Approval Date: _____
 Sanitarian: _____
 Permit Type: _____
 Permit#: _____
 Expiration Date: _____
 Fee Required: YES / NO

TEMPORARY FOOD ESTABLISHMENT APPLICATION

Incomplete applications will delay processing of permit. Please type or print clearly.

Applications will be processed in the order they are received.

Temporary food establishment health permits are valid 1 to 14 days consecutively, with a \$35 permit fee. Applications **MUST** be received at the office at least **(10)** calendar days **PRIOR** to the event. Submit Check or money order with the application. **No refunds** will be given to a vendor for failure or inability to participate at a scheduled event.

Non Profit Organizations that provide a copy of their **State Tax Exempt Letter** are exempt from fees. However, they must obtain a temporary food establishment health permit and follow the Saint Louis County Food Code.

Note: If operating in unincorporated Saint Louis County, a Special Event Permit (from Public Works is required prior to obtaining a Temporary Food Establishment Permit from the Department of Public Health. Contact the Zoning Division (314-615-7866) in the Department of Public Works and the Licensing Division (314-615-5107) in the Department of Revenue for more information

I. Event Information

Name of Event: _____

Address of Event: _____ Zip: _____

Start Date of Event: ____/____/____ End Date of Event: ____/____/____

Start Time of Event: _____ End Time of Event: _____

Name of Event Coordinator: _____

Event Coordinator's Phone Number: _____

Municipality: _____ Unincorporated

II. Application Information

Name of Temporary Food Establishment: _____

Name of Owner/Operator: _____

E-mail Address: (We email all permits unless otherwise requested) _____

Mailing Address: _____
 Street City State Zip

Phone Number: _____ Fax Number _____

III. Temporary Food Establishment Information

Circle type of Sanitizer:

Unscented Bleach (chlorine) **Quat** (ammonium) Other _____

Appropriate test strip for sanitizer? Yes No

