

Temporary Food Service License Application
Cash or Check payable to the Eau Claire City-County Health Department

Event: _____
Event Date(s): _____ Year: _____ Time: _____

Location of this Event (Address): _____

a. _____ Private Property (Name of Location/Business) _____

b. _____ City of Eau Claire Property (meaning sidewalk, street, parking lot, park, etc.)

i. Name of Special Event: _____

(If you checked City of Eau Claire property and you are not part of a special event, then you must contact Eau Claire Community Services for a Special Events Application.)

Name of Applicant/Organization: _____

On Site Operator Name/Contact: _____

Mailing Address: _____

E-mail: _____ Phone#: _____

Is this organization a religious, fraternal, youth, patriotic, service, or civic group (non-profit)?

Yes _____ or No _____

If the answer to the previous question is yes, then has this group served food to the public during the past 12 months?

Yes _____, how many days? _____

No _____

Menu: Please list the foods that will be served and equipment used:

Where will foods be prepared? *No home prepared foods allowed!*

Type of structure that will be used for food service (i.e., inside building, pop wagon, tent, a mobile unit). _____

Special Instructions:

A temporary restaurant license has been issued for this event. _____

City _____ County _____ (County License Number: _____)

A temporary restaurant license is not required for this event. _____

Signature R.S.