



## Transient Food Permit Application

The Eau Claire City-County Health Department requires a food permit to sell or serve food at a special event. All food vendors are required to apply for a Transient Food Permit when participating in a special event. **This application must be submitted at least 14 days prior to the event. Applications received less than 14 days prior to the event may not be licensed or permitted to serve food at the event.** Please review temporary food stand requirements before filling out this application.

### Fees:

Transient Food Serving Meals: \$200 (examples: burgers, tacos, gyros, sandwiches, pizza, etc.)

Transient Food Not Serving Meals: \$150 (examples: beverages, confectionaries, bakery items, etc.)

If you have a permit from another Health Department in Wisconsin, please submit a copy. If the permit is valid, you will only be charged a \$60 inspection fee.

### Applicant Information

Name of Business/Food Stand: \_\_\_\_\_  
Name of Owner/Licensee: \_\_\_\_\_  
Owner/Licensee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Name of person in charge of food onsite:** \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Event Information

Event Name: \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_  
Day and Time of Arrival: \_\_\_\_\_

### Food Information:

**1. Food Source (please specify name):**

Restaurant: \_\_\_\_\_  
Retail/Grocery Store: \_\_\_\_\_  
Distributor: \_\_\_\_\_  
Other: \_\_\_\_\_

**2. Where will food be prepared?**

Offsite (list location) \_\_\_\_\_  
Onsite at event (what are you using for overhead protection?) \_\_\_\_\_

**3. How will potentially hazardous food be transported?**

- Cooler with ice
- Refrigerated Truck
- Mechanical Refrigeration
- Freezers
- Other: \_\_\_\_\_

4. List complete event menu or submit a menu with your application:

---

---

---

---

5. Provide list of cold holding equipment and indicate what food that will be stored in each

Cold Holding Equipment <small>*Mechanical refrigeration is required</small>	Food Held in Equipment
<i>Example: Chest Freezer</i>	<i>Cheese Curds, French Fries, Corn Dogs</i>

6. Will food be hot held?

- Yes, list equipment used: \_\_\_\_\_  
 No

7. Cooling foods is not encouraged at temporary events. Will food be cooled onsite?

- Yes, indicate foods cooled and cooling process: \_\_\_\_\_  
\_\_\_\_\_  
 No

8. Produce preparation:

- a. Will fresh produce be used?  
 Yes     No
- b. Where will produce be washed  
 Onsite     Offsite  
If onsite indicate how and where: \_\_\_\_\_
- c. How will you keep cut potentially hazardous produce (tomatoes, lettuce, melon, etc.) cold?  
\_\_\_\_\_

9. Indicate how you will check food temperatures: \_\_\_\_\_

\*digital thermometers are required for thin foods such as burgers or chicken

**Stand Set-Up:**

10. What handwashing facilities will be provided:

- Plumbed  
 Temporary (list equipment used or sent a photo) \_\_\_\_\_  
 Other  
\_\_\_\_\_

11. Water Source: \_\_\_\_\_

12. Waste water disposal: \_\_\_\_\_

13. Power source: \_\_\_\_\_

**Employee Health and Hygiene:**

14. **What is your employee illness policy?** For example, what symptoms would indicate a person is too sick to work with food? \_\_\_\_\_

\_\_\_\_\_

**Please be aware of the following requirements:**

- Bare hand contact with ready to eat food is not allowed. Gloves or utensils such as tongs must be provided
- Provide an area for employees to store personal items that is not over food or equipment
- Employees cannot eat and smoke in the food stand, provide different location for breaks

**Provide a diagram below of your food stand or mobile food cart. Please include the following:**

- |  |   |
|--|---|
| <input type="checkbox"/> Handwashing station   | <input type="checkbox"/> Cold holding equipment/refrigerators |
| <input type="checkbox"/> Dishwashing station   | <input type="checkbox"/> Foods storage areas                  |
| <input type="checkbox"/> Cooking equipment     | <input type="checkbox"/> Work tables                          |
| <input type="checkbox"/> Hot holding equipment | <input type="checkbox"/> Single service article storage       |

Applications can be mailed or emailed to:

**Eau Claire City-County Health Dept.**

**720 Second Ave**

**Eau Claire, WI 54703**

[echealth@co.eau-claire.wi.us](mailto:echealth@co.eau-claire.wi.us)

Make checks payable to "*Eau Claire City-County Health Department*".

**Office Use Only:**

Date paid: \_\_\_\_\_ Permit sent: \_\_\_\_\_ Contact date: \_\_\_\_\_