

Non-Profit Temporary Food Service Application

Event Name: _____

Event Date(s): _____ Time: _____

Event Location (Address): _____

Private or Public Property: _____

***If you are not part of a City of Eau Claire special event you cannot set up on city property**

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

E-mail: _____ Phone#: _____

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

Yes **No**

Has this group served food to the public during the past 12 months?

Yes **No**

If yes, list number of days and dates: _____

***Non-profit groups can only serve food to the public 3 days per licensing year (July 1st to June 30th) without a permit, if a group exceeds 3 days a permit is required.**

Please list all foods that will be served, the food source, and what equipment will be used:

Food Item	Food Source	Equipment Used (cooking and/or holding)
Example: Burger	Indian Head Food Service	Grill & Roaster

***No home prepared foods are allowed!**

What equipment will be used to keep food cold? _____

How will dishes be washed? _____

Where will hands be washed: _____

***Handwashing sinks must be stocked with soap and paper towel**

Will a thermometer be provided for checking food temperatures? **Yes** **No**

If yes, list type of thermometer: _____

Will disposable gloves be provided? **Yes** **No**

Will any food be put out for self-service? **Yes** **No**

If yes, list food: _____

Where will foodservice occur (inside building, brat stand, etc.)?

I have read the "[Temporary Food Stand Requirements](#)" brochure: **Yes** **No**

Fill out this form and attach it to an email to: ehealth@co.eau-claire.wi.us

OR print and mail to: Eau Claire City-County Health Department, 720 2nd Ave, Eau Claire, WI 54703

Department Use:

Temporary restaurant license required? Yes _____ or No _____

Date requirements were discussed: _____

Notes: _____

_____ REHS/RS

Environmental Health Specialist Signature