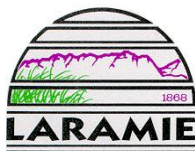


All paid applications \$50.00  
 With Non-Profit ID# \$0.00

Make checks payable to:  
**WY Dept. of Agriculture,  
 Consumer Health Services**

PO Box C  
 Laramie, WY 82073  
 Phone: 307-721-5283



**CITY OF LARAMIE  
 ENVIRONMENTAL HEALTH  
 TEMPORARY FOOD LICENSE  
 APPLICATION**

**FOR OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_

Check: \_\_\_\_\_

Non-Profit ID #: \_\_\_\_\_

Received By: \_\_\_\_\_

**Application must be submitted 5 business days prior to event with payment or license may not be issued on time**

Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Organization Represented: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Applicant's e-mail address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Person(s) in charge at Food Service Site: \_\_\_\_\_

Location of Advanced Preparation: \_\_\_\_\_ Times of Advanced Prep: \_\_\_\_\_

Type of Thermometer Available (if applicable; analog, digital): \_\_\_\_\_

Water Source: Municipal Wastewater Disposal: Sewer \_\_\_\_\_ Holding Tank: \_\_\_\_\_

Describe: Cold Holding Equipment \_\_\_\_\_ Cooking Equipment \_\_\_\_\_

Hot Holding Equipment \_\_\_\_\_ Reheating Equipment \_\_\_\_\_

Please list all foods to be served:

<b>FOODS NOT LISTED BELOW WILL NOT BE ALLOWED TO BE SERVED</b>			
<b>FOOD ITEM AND SOURCE</b> (Where are you getting it)	<b>COOKING/PREPARATION</b> <b>PROCEDURES</b>	<b>HOLDING</b> <b>HOT /</b> <b>COLD</b>	<b>SERVING</b> <b>HOT/</b> <b>COLD</b>

If food is transported: Provide length of time in transport, and how it is kept hot or cold: \_\_\_\_\_

Hand Washing Facilities: Plumbed Sink: \_\_\_ Gravity Flow Container: \_\_\_ **Note: Restrooms do not qualify as a hand washing sink.**

Utensil Washing Facilities: Plumbed 3-compartment sink: \_\_\_\_\_ Adequate Supply of Utensils for Day: \_\_\_\_\_

Garbage Disposal: Cans: \_\_\_\_\_ Dumpsters: \_\_\_\_\_

I hereby consent to inspection by the City of Laramie Environmental Health and acknowledge that issuance and retention of this license is contingent upon satisfactory compliance with the food safety regulations. I have viewed the "Temporary Food License Guidelines" PowerPoint and understand the materials presented. Our booth agrees to abide by these guidelines. If our booth fails to meet these guidelines, I understand that our food service booth may be forced to cease operation immediately. By signing below, I certify that I am authorized by the organization to act as their agent, and agree the booth will abide by Food Code Regulations. Temporary events shall not exceed 14 consecutive days for a single event and location. Temporary Sampling events shall not exceed 14 individual days over 3 consecutive months for a single location.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPROVING CITY OFFICIAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_