

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
Fax: 307-721-5248



**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:

FOODS NOT LISTED BELOW WILL NOT BE ALLOWED TO BE SERVED

FOOD ITEM AND SOURCE (Where are you getting it)	COOKING/PREPARATION PROCEDURES	HOLDING HOT / COLD	SERVING HOT/ COLD

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: _____