

**TOWN OF CROMELL  
HEALTH DEPARTMENT**

Approved: \_\_\_\_\_  
Date: \_\_\_\_\_  
License #: \_\_\_\_\_

**APPLICATION FOR A TEMPORARY FOOD LICENSE  
(APPROVAL FOR SEVEN (7) DAYS)**

Name of Sponsoring Organization: \_\_\_\_\_

Members directly responsible for the food preparation:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If catered, do you know if your caterer is licensed in his/her own community? \_\_\_\_\_

Location of the event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

How will perishable foods be transported and held until used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where and how will foods be prepared and held until served? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What facilities exist and will be used for:

- a. Equipment & Dishwashing - \_\_\_\_\_
- b. Hand Washing - \_\_\_\_\_
- c. Refuse Disposal - \_\_\_\_\_
- d. Fly Control - \_\_\_\_\_
- e. Lavatories – Public & Workers - \_\_\_\_\_

Please list **complete menu** and sources of food stuffs on the reverse side.  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_