



**Hampshire County Health Department**

**HC 71, Box 9**

**Augusta, WV 26704**

**Nursing: (304) 496-9640 Environmental: (304) 496-9641**

**Fax: (304) 496-9650**

**APPLICATION FOR TEMPORARY FOOD  
ESTABLISHMENT PERMIT**

**Directions:**

The operator of each temporary food event must complete this application. The completed application and \$50.00 fee must be submitted to the Hampshire County Health Department at least three weeks prior to the event.

**Date of Submission:** \_\_\_\_\_

\_\_\_\_\_  
**Name of Temporary Food Establishment**

\_\_\_\_\_  
**Name of Owner**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Name and Date of Event**

\_\_\_\_\_  
**Date and Time Concession Will Be Ready  
For Inspection**



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1. List all food and beverage items to be served. Note: Any changes must be submitted to and approved by the Health Department at least 10 days prior to the event.
  
2. Will all foods be prepared at the site?  
 Yes, Complete attachment A  
 No, Complete attachment A & B
  
3. How will frozen, cold, and hot food be transported to the event?
  
4. How will food temperatures be monitored during the event?
  
5. Describe the location and set up of hand washing facilities.
  
6. Identify the source of potable water and describe how water will be stored and distributed at the site.
  
7. Describe where utensils will take place.
  
8. Describe how wastewater from hand washing and utensil washing will be collected, stored, and disposed.
  
9. Describe number, location, and types of garbage containers at the event.
  
10. Please complete attachment C Employee Log for all employees and volunteers. Please provide names, address, and phone numbers of all participants.

**ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.**



# Employee Log

## Attachment C

Name	Date	Assignment	Time In	Time Out

List all names, addresses, and phone numbers of participants below.