



3. List areas of booth that will be screened:
  
4. List what you will be using for utensil wash:
  
5. List what you will be using for handwashing

I, the applicant understand that I am responsible for the following:

1. No temporary restaurant shall operate without first obtaining a permit to do so.
2. **Contact the Health Department at 715-373-6109 to discuss temporary food stand requirements**
3. Adherence to temporary restaurant requirements.
4. Permit may be suspended if serious violations exist.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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