



Temporary Food Establishment Permit Application

Make checks payable to the **City of Madison Treasurer**

Application must be made at least 7 days prior to the event

City Clerk's Office, Rm.103 City-County Building
210 Martin Luther King Jr. Blvd
Madison, WI 53703 (608) 266-4601

License #: _____
office use only

Restaurant Fee: (Hot dogs, brats, pizza, sandwiches)

- \$76.00 1st day
- \$25.00 each additional day

or

Retail Fee: (Ice cream, sno cones, confectionary)

- \$65.00 1st day
- \$25.00 each additional day

NON-PROFIT GROUPS: City of Madison (fee required) Dane County* (fee restrictions- see below signature line)

EVENT: _____

Location/Address: _____

Event Date(s): _____ Time(s): _____

NAME OF APPLICANT/ORGANIZATION: _____

On Site Operator Name: _____

Mailing Address: _____

Email: _____ Phone #: _____

NAME OF EVENT COORDINATOR: _____

Email: _____ Phone #: _____

MENU AND EQUIPMENT LIST: _____

Facility where food is to be prepared/stored (Name, Address): _____

Date(s) of Preparation: _____ Time(s): _____

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

- No temporary restaurant shall operate without first obtaining a permit to do so.
- Contacting a health inspector at (608) 243-0330 between 8:00 – 9:00 am to discuss guidelines and foods.**
- Foods not listed on this application and not granted approval prior to the event shall not be served.
- Comply with temporary restaurant guidelines—see www.publichealthmdc.com/environmental/food/tempFood.cfm
- Permit may be suspended if serious violations exist.

Signature of Applicant: _____ **Date:** _____

**For nonprofit groups in Dane County outside the City of Madison limits, please submit application even if no fee due to:*
PHMDC Environmental Health, 2701 International Lane STE 204, Madison WI 53704 or Fax # (608) 242-6435
Please call (608) 243-0330 to verify whether or not fee is due (number of exempt days allowed is limited).

Approval of Preparation Site: Yes No Approval of Operation-Permit Issued: Yes No

Health Inspector: _____ **Date:** _____