

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY RETAIL FOOD HANDLING ESTABLISHMENT

DATE: _____ APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY _____, STATE _____ ZIP _____

PHONE _____ CELL: _____ FAX: _____

TRADE NAME: _____

For Fairgrounds Vendors Only

Please list the name and dates of all events you will be operating at during the 2012 Calendar Year:

Foods To Be Prepared Or Processed: _____

Where are the foods Stored, Prepared and/or Processed: _____

Number of Food Handlers on Staff: _____

Name of Current Employee or Member with Certification & Date Issued (MUST attach a copy of Certification to complete this Application): _____

The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food handling establishments and understands the requirements of these ordinances must be met.

Applicant's Signature: _____

PERMIT FEE MUST ACCOMPANY THIS APPLICATION

(Please make checks payable to Frankford Township Board of Health):

Total floor area greater than 300 square ft.	\$300.00 for the calendar year
Total floor less than 300 square ft.:	\$200.00 for the calendar year
Temporary food permit:	\$100.00 for a one-day event
Additional vendor location at same site:	\$ 75.00 for the calendar year
Non-profit vendor:	\$ 50.00 for the calendar year

All Applications and Permit Fees must be mailed directly to the Township of Frankford. NO PERMITS WILL BE ISSUED WITHOUT A VALID CERTIFICATION.

Any questions regarding this application can be directed to the