

Enclose a copy of State or
County License



FE- \$50.00

CITY OF HOPKINS
TEMPORARY FOOD SERVICE INFORMATION FORM

Event _____
Location _____
Date/and Time _____

Person in Charge _____
Address _____
Telephone Number (home) _____ (work) _____
Licensed Commissary _____

List all planned food beverages: _____

When and where will food be prepared/stored prior to _____ and during the event?

Equipment to be used at the event for cooking/hot holding foods above 130 degrees F.

Refrigeration equipment to be used at the event to keep food cold, below 40 degrees F.

(OVER)

Method of transporting food (food storage containers, hot holding units, insulated containers, Other) _____

Facilities for hand washing _____

Facilities for utensil washing _____

Sanitizer to be used _____

Source of potable water for food stand or vehicle _____

Method of discharging wastewater _____

Signature of Applicant _____ Date _____

For office use only

Comments: _____

Approved Yes No

Signature of Health Inspector