



# 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) or

- \$76.00 1<sup>st</sup> day
- \$25.00 each additional day

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

- \$65.00 1<sup>st</sup> 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](http://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:** \_\_\_\_\_