Temporary Event Food Vendor Questionnaire 2023

Date of Application ____________

Name of Event ____________________________________________________________

Location __________________________ Date of Event ____________________________

Restaurant/Organization Name ____________________________________________

Set up Date & Time ______________________ Phone _____________________________

Person in Charge ______________________ E-Mail _____________________________

Describe food preparation and utensil washing area screening to prevent contamination from flies and other insects. Example on back.

__________________________________________________________________________

What raw animal products will be used?

__________________________________________________________________________

Describe the foods being served.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Where is the food being prepared? Circle: onsite or offsite

If offsite, location: _________________________________________________________

What date will food be prepared? _____________________________________________

Describe the equipment you will be using for food prep, cooking, cold and hot holding.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Person in Charge ________________________________
Important:
- Return this form to the Health Department at the address below at least 7 days before the event.
- If you hold a current WI DATCP Mobile Restaurant license or WI DATCP Transient Retail food license (state issued or issued by another WI county) please fill out below or attach copy of license.

Licensing Jurisdiction ________________________________
ID Number ________________________________
Expiration Date ________________________________

Fees:
If you hold a current DATCP license:
$95 inspection fee at time of inspection

If you do not hold a current license, you will be licensed at event.
La Crosse County Transient License:
$190 if paid 7 days in advance and turned in with this questionnaire
$200 at time of event
Checks payable to La Crosse County Health Department

If you have questions, please call the La Crosse County Health Department at (608)785-9771
Email: envhealth@lacrossecounty.org Website: www.co.la-crosse.wi.us/health.

Proper Tent Setup
For Food Preparation

Overhead Covering
- on entire booth

Food Preparation Area
- enclosed on all sides from top to bottom and front to back
- fine mesh screening recommended for visibility

Service Counter
- covered along all sides from ground level to a minimum height of 30 inches

Courtesy of the City of Milwaukee Health Department