



Division of Environmental Health
100 Central Ave
Cheyenne, WY 82007
Ph: 307-633-4090
Email: envhlth@laramiecountywy.gov
Website: www.clcpublichealth.org

Application for Temporary Food Establishment License

TEMPORARY FOOD ESTABLISHMENT LICENSE IS ONLY VALID FOR FOURTEEN (14) CONSECUTIVE DAYS IN CONJUNCTION WITH A SINGLE EVENT OR CELEBRATION HELD AT A FIXED LOCATION (Wyoming Food Safety Rule Chapter 1 Section 8 (clxx)).

- License fees for Temporary Food Permit Event shall be \$50.00 - Cash or Check ONLY & submitted at time of application.
Checks must be made payable to WYOMING DEPARTMENT OF AGRICULTURE.
All foods must be from approved sources. Meats & poultry must be USDA approved.
Foods shall be made on-site or at an approved commercial establishment.
Foods shall not be prepared nor stored at home.

Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Function Start Date: \_\_\_\_\_ Function End Date: \_\_\_\_\_

Business/Organization Information

Business Name: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Items Being Served \_\_\_\_\_

Location(s) of Food Preparation \_\_\_\_\_

I UNDERSTAND THE LICENSE FOR WHICH I AM APPLYING IS NON-TRANSFERABLE. IT MAY BE DENIED, SUSPENDED, OR REVOKED FOR NON-COMPLIANCE OR CONSECUTIVE VIOLATIONS OF THE STANDARDS GOVERNING THIS ACTIVITY, IN ACCORDANCE WITH THE WYOMING FOOD, DRUG, AND COSMETIC SAFETY ACT. I AGREE TO COMPLY WITH THE ESTABLISHED REQUIREMENTS FOR THIS ACTIVITY AT ALL TIMES DURING ACTUAL OPERATION.

SIGNATURE OF RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_\_

(NOT VALID WITHOUT SIGNATURE)

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ License #: \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash

NOTE: Contact City Clerk's Office and City Fire Department if function is within the city limits.