



## Temporary Food Establishment Permit Application

Lincoln-Lancaster County Health Department - Food Safety Program

3140 "N" Street, Lincoln, NE 68510

(402) 441-6280, Fax (402) 441-6206

***Application must be received 30 days prior to event***

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_  
(Last, first, middle initial) (Date of Birth)

Applicant Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Event/Establishment Name and Location \_\_\_\_\_

Start Date \_\_\_\_\_; End Date \_\_\_\_\_; Time \_\_\_\_\_ to \_\_\_\_\_ am pm

**Type of Permit** (check one):

\_\_\_\_\_ **Single Event Temporary** - Cannot last more than 14 days. Food must be prepared on-site or in licensed facility; may include potentially hazardous food. Food manager and food handlers must be listed on the second page of this application.

\_\_\_\_\_ **Annual Temporary** - Each event is 14 days or less. Temporary food service will be set up at numerous locations and/or dates throughout the permit year. Food manager and food handlers must be listed on the second page of this application. Permit is valid for 12 months from date of issue.

\_\_\_\_\_ **Event Market** with \_\_\_\_\_ number of vendors. Sponsor is responsible for all food service. Each vendor must have applicable Food Manager and/or Food Handler Permits. A vendors list form must be submitted with application. Vendor's must have a valid Nebraska Food Permit.

**Temporary food service is with a:**

Lincoln Food Establishment? YES NO Establishment Name \_\_\_\_\_

Non-profit Organization? YES NO Organization Name \_\_\_\_\_

**Nebraska Department of Agriculture Food Permit?** YES # \_\_\_\_\_ NO N/A (non-profit)

If "NO" then a one time permit fee must also be included for a Nebraska State Food Permit.

Is applicant planning to do temporary events outside Lancaster County? YES NO

If "YES", an additional Nebraska inspection fee of \$74.35 must be paid.

| Food Manager Name | Manager Permit # | Expiration |
|-------------------|------------------|------------|
|                   |                  |            |
|                   |                  |            |

**Lincoln Food Code 8.20.190 requires all employees** to have valid food handler permit and/or food manager permit. Food handler class schedules are available on-line at [www.lincoln.ne.gov](http://www.lincoln.ne.gov) search "Food," or by phone at (402) 441-6237.

**Temporary Food Servers:** LLCHD by policy allows that temporary food servers not preparing any food, to be exempted from food handler permit requirements if they are trained by the food manager as approved by LLCHD, have no bare hand contact of foods, sign a "Temporary Food Server Roster" verifying training, and sign a

"Required Illness Affirmation for Temporary Food Servers" form verifying that the server has not had vomiting or diarrhea within 48 hours of working at the temporary event. **The training for temporary food servers must be pre-approved.** For more information and forms, contact the Food Safety Program at (402) 441-6280.

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Call (402) 441-6280 for assistance with calculating fees.

*Check all that apply*

**Single Event Temporary**

\_\_\_\_\_ \$130 regular  
 \_\_\_\_\_ \$ 65 with Lincoln establishment or non-profit

**Annual Temporary**

\_\_\_\_\_ \$400 regular  
 \_\_\_\_\_ \$200 non-profit

**Event Market - attached vendor list**

\_\_\_\_\_ \$130 1 to 5 vendors  
 \_\_\_\_\_ \$260 6 to 10 vendors  
 \_\_\_\_\_ \$390 11 to 15 vendors  
 \_\_\_\_\_ \$520 16 to 20 vendors

**State fees if applicable:**

\_\_\_\_\_ \$74.35 State Food Permit Fee

**State fees for outside Lancaster County if applicable**

\_\_\_\_\_ \$74.35 State Food Inspection Fee

**Make Checks payable to "LLCHD"**

**Send to** Lincoln-Lancaster County Health Department  
 Food Safety Program  
 3140 "N" Street, Lincoln, NE 68510

**Will you be using Volunteer Temporary Food Servers?**                      **YES**                      **NO**

**Federal ID #** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Electronic Funds Transfer Notification:** When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from you account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

**Revised:** October 7, 2011

| <i>Health Department Use Only</i>  |                                    |
|--|------------------------------------|
| _____ New  | _____ Reissue                      |
| _____ Mail   | _____ Hand-deliver                 |
| Temporary server training approved : N/A _____ Yes - by _____                    |                                    |
| APD # HF40 _____   | HF 41 71 _____                     |
| File Initialized _____ / _____ / _____   | EHS: _____                         |
| EPH Review: _____  | FM Verified by _____               |
| Total Amount \$ _____  | Check # _____                      |
| Posted _____ / _____ / _____   | By _____ Return with permit to EPH |
| _____ Permit laminated and _____ given to EHS _____ mailed _____ / _____ / _____ |                                    |
| _____ Application scanned into permit file                                       |                                    |