

Madison County Health Department
Environmental Health
P.O. Box 467
Huntsville, Alabama 35804
Phone: (256) 539-3711 Fax: (256) 535-6545

Application for Temporary Concession Food Permit

*** Applications for temporary events shall be submitted three (3) weeks prior to event start. Drawing of setup and equipment must accompany application. **Applications received after deadline may be denied.**

Date _____, 20_____
Name of Establishment: _____
Name of Event: _____
Event Location: _____
Date(s) of Event: _____ Time of Event: _____

Owner Information

Owner Name: _____
Owner Address: _____
Owner Home Phone: _____ Owner Fax: _____
Owner Mobile Phone: _____

Type of setup: Mobile Trailer _____ Tent: _____
Water Source: Provided: _____ Carried to Event: _____
Sewage Disposal: Provided: _____ Self Disposal: _____ How Disposed? _____

Menu Information

List all items to be sold at event:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the above statements are true and correct and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed _____
Title _____

For Health Department Use Only

Application Approved With Special Conditions _____
 Application DENIED because: _____
Application Approved By _____ Permit Number Issued _____
Date Permit Effective _____ Date Permit Issued _____ Date Permit Expires _____