

Return To: City of Concord
Code Administration
Health Services
37 Green St



FEE: \$112.00
Make checks payable to:
CITY OF CONCORD

| |
|------------------------------|
| *FOR OFFICE USE ONLY* |
| License No.: _____ |
| Date Expires: _____ |

Application for Temporary Food License

| Applicant Information | | | |
|-------------------------|--------------------|----------------------------|-----------------|
| Full Name: _____ | | Date: _____ | |
| <i>First</i> | <i>Last</i> | <i>M.I.</i> | |
| Address: _____ | | | |
| <i>Street Address</i> | | <i>Apartment/Unit #</i> | |
| <i>City</i> | | <i>State</i> | <i>ZIP Code</i> |
| Phone: _____ | | Email: _____ | |
| Name of Event: _____ | | Start Time of Event: _____ | AM/PM |
| Date(s) of Event: _____ | Set-Up Time: _____ | End Time of Event: _____ | AM/PM |
| Name of Estab.: _____ | | | |

| FOOD SAFETY MEASURES | | | |
|--------------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| Will your food require hot holding? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Detail hand-washing facilities: _____ |
| Will your food require cold holding | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ |
| List hot/cold holding methods: _____ | | | |

| FOR CONCORD LICENSE HOLDERS ONLY | | | |
|----------------------------------|---------------------------------|--------------------------------|--------------------------------|
| Is your license current? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Exp. Date: _____ |
| List Foods: _____ | | | |
| Grilling or Frying at event? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | List Safety Precautions: _____ |
| Tent? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | List Size: _____ |

CONTINUED ON NEXT PAGE

FOR NON-CONCORD LICENSE HOLDERS

| | |
|-----------------------------------|-----------------------|
| Where is your license held? _____ | Exp. Date: _____ |
| ServeSafe Expiration Date: _____ | Last Inspected: _____ |
| Hot Held Foods: | |
| | |
| | |
| Cold Held Foods: _____ | |
| | |

ADDITIONAL DETAILS

| |
|--|
| Non-Temperature Control for Safety Foods: _____ |
| |
| |
| |
| Source of Food: _____ |
| |

Signature

NOTE: Vendors not licensed in the City of Concord must provide a copy of their current food service license, ServeSafe Certification, and a copy of their most recent inspection for their application to be processed.

Signature: _____ Date: _____

Signature: _____ Date: _____

Health & Licensing Officer