

BUSINESS NAME: _____

OWNER OF BUSINESS: _____

PHYSICAL ADDRESS of BUSINESS: _____ **City** _____ **State** _____

CONTACT PHONE: _____ **CELL PHONE:** _____

PERSON IN CHARGE AT EVENT: _____

COMMISSARY LOCATION	CITY	STATE	ZIP
_____	_____	_____	_____

CERTIFICATE NUMBER: **exp**

MENU (List all food, drinks)	SOURCE OF FOOD (Name, location of grocery, caterer, supplier, restaurant)

- 1.) How will food be cooked at event? _____
- 2.) How will food be kept hot? (Above 135°F) _____
- 3.) How will food be kept cold? (Below 41°F) _____
- 4.) How will food be transported? _____
- 5.) How long in transit? _____

6.) HOW WILL FOOD BE PROTECTED FROM CONTAMINATION DURING STORAGE, SERVING AND DISPLAY? _____

* If application is denied, Temporary Food License Fee will be returned through the Brown County Auditor's office within approximately 30-45 days