



## Renewal Application Intermittent and Seasonal Temporary Restaurant License

**1. What type of temporary restaurant license are you renewing?**

- Intermittent Temporary Restaurant
- Seasonal Temporary Restaurant

**2. Food Booth Name:** \_\_\_\_\_

Event Name(s)/Location of Food Booth: \_\_\_\_\_

Dates of Event(s): \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Owner/Applicant Mailing Address: \_\_\_\_\_

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

**3. Have you changed your operation from the original plan that was approved by the Health Department?**

- No- Changes have not been made to my operation
- Yes-Changes made since the original plan review approval are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Are the event organizers providing the same infrastructure services (e.g., electricity, water, waste water dump station, garbage collection, etc.)?**

- Yes-Same infrastructure is provided at the event site as with my previous license
- No- The event organizers have changed these items from what they previously provided:

\_\_\_\_\_  
\_\_\_\_\_

*Note: Depending on the changes, the Health Department may require a new operational plan review.*

I attest that the information provided on this form is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**For Office Use Only**

Fee received: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Not Approved

New Plan Review Required