

3. Describe how food preparation and utensil washing areas will be effectively screened to prevent contamination from flies and other insects:

4. Describe source and storage of water, storage and disposal of wastewater, and storage and disposal of garbage.

5. ADDITIONAL PLACES YOU ARE GOING TO SERVE FOOD DURING THIS PERIOD:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

I, the applicant, understand that I am responsible for the following:

No temporary restaurant shall operate without first obtaining a permit to do so.

The permit may be suspended if serious violations exist.

The Public Health Inspector may alter or exclude menu items depending on the nature and location of an event.

Your signature below will acknowledge that you will comply with Chapter 5 of the Taylor County Code, HFS 196, Restaurants of the Wisconsin Administrative Code and the Wisconsin Food Code, and the above-described establishment will be operated and maintained in accordance with applicable regulations (see <http://www.co.taylor.wi.us>). I understand that this permit is valid in all areas of Taylor County. I agree that if I am unable to produce this permit at an inspection by a Taylor County Health Dept employee, I shall be required to purchase a new permit for \$165, or cease operations. Additionally, purchased permits are not refundable.

SIGNATURE – Applicant	Date Signed
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DEPARTMENT COMMENTS:

Approved by:	Date
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Copy to Applicant: In Person Mailed Date _____