



## Event Food Vendor Application

Date of Application \_\_\_\_\_ Name of Event \_\_\_\_\_

Location \_\_\_\_\_ Date of Event \_\_\_\_\_

Set up Date \_\_\_\_\_ Set up Time \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Restaurant/Organization Name \_\_\_\_\_

Where is the food going to be served? \_\_\_\_\_

What foods are being served? \_\_\_\_\_

How is the food going to be served? \_\_\_\_\_

Where will the food be purchased? \_\_\_\_\_

Where is the food being prepared? \_\_\_\_\_ When will food be prepared? \_\_\_\_\_

How will the cold food be kept? \_\_\_\_\_

How will the hot food be kept? \_\_\_\_\_

Power Source \_\_\_\_\_

Signature of Person in Charge \_\_\_\_\_ Date \_\_\_\_\_

### **IMPORTANT:**

Return this form to the Health Department at the above address 7 days before the event. If you have questions, please call the La Crosse County Health Department at (608)785-9771. Email: [newatters@lacrossecounty.org](mailto:newatters@lacrossecounty.org)  
Website: [www.co.la-crosse.wi.us/health](http://www.co.la-crosse.wi.us/health). Current WI DHS Mobile Restaurant and WI DATCP Traveling Retail Food licenses are recognized and charged a \$95 inspection fee. The La Crosse County Temporary Restaurant Permit fee of \$160(payment and application received within seven days of event) or \$170 issued six days prior to the event or at the event is to be submitted with the completed application. Checks payable to La Crosse County Health Department.