

**2014 WEST FEST
TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION**

NAME OF VENDOR _____

OWNER/OPERATOR _____

NAME/MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

License fee for this purpose **\$75**

Liability insurance: **A copy of the policy must be attached with the application**

Dates of proposed food service operation: **September 20, 2014**

Location **Food Court (4th Ave. W.)**

Food preparation kitchen if other than site of operation _____

Type of Food Items to be served, type of equipment, other pertinent information:

DATE _____ **SIGNATURE** _____

TITLE _____

(Please do not write below this line)

The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions:

APPROVED BY _____ DATE _____

Fargo Cass Public Health: (701) 241-1364