

2015 WEST FEST
TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION
NON-PROFIT OR SHEYENNE BUSINESS OWNERS

NAME OF VENDOR _____

OWNER/OPERATOR _____

NAME/MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

License fee for this purpose **\$0 for Non-profit or business owners located on Sheyenne St.**

Do you carry liability insurance: Yes or No (If yes, please attach your policy)

Dates of proposed food service operation: **September 19, 2015**

Location **Food Court (4th Ave. W.) & Sheyenne Business Owners**

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