## **BEAR RIVER HEALTH DEPARTMENT**

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655 East 1300 North • Logan, Utah 84341 Phone: (435) 792-6500 • Fax: (435) 792-6600 www.brhd.org

## **TEMPORARY FOOD SERVICE PERMIT**

- Α. Name of Establishment/Organization
- Β. Person in Charge\_
- \_\_\_\_\_Daytime Phone Number(\_\_\_\_\_) C. Date of Operation Serving Time\_\_\_\_\_
- D. Location of Temporary Food Service
- E. Menu (List all food items proposed to be served).

(NOTE: Any changes to the menu must be submitted and approved by Bear River Health Department.)

- E. Will all foods be prepared at the Temporary Food Booth? YES\_\_\_\_\_ NO (If NO, list name and address of the permitted food establishment where the food will be prepared ... )\_\_
- G. Food Preparation - List each food item and indicate with a check the preparation procedure which will be used for that item.

Food Item	Thaw	Cut/ Wash	Cook	Cool	Cold Holding	Reheat	Hot Holding
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