

# Temporary Food Service Permit Application

**Applicant:** \_\_\_\_\_  
last name first name

**Contact Person:** \_\_\_\_\_  
last name first name

**Email:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Event Description:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_ **Event Time:** \_\_\_\_\_

**Type of food to be served:** \_\_\_\_\_

\_\_\_\_\_

**\$50.00 SPECIAL EVENT APPLICATION FEE**  
**\$100.00 HEALTH INSPECTION FEE (for 2 inspections)**

**THE APPLICANT IS RESPONSIBLE FOR FOLLOWING THE ATTACHED GUIDELINES FOR OPERATING A TEMPORARY SPECIAL EVENT, FOOD SERVICE BOOTH OR MOBILE UNIT IN THE CITY OF CORINTH.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date Signed*

Staff:

\_\_\_\_\_  
*Approved By*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date of Approval*