



Temporary Tents/ Membrane Structures Permit Application
Teton County Health Department



Applicant Information

Applicant Name: _____

Mailing Address: _____

Applicant Phone Number: _____

Applicant Email: _____

Business Information

Wyoming Food License Establishment Name: _____

Establishment Address: _____

Certified Food Protection Manager: _____

Estimated Daily Attendance: _____

Maximum Occupancy at One Time: _____

Is the structure adjacent to or apart of the existing structure? _____

Temporary Space Utilization

Elements include:

____ Tables ____ Benches ____ Decking

Who will the space be available to?

Will seating be available for public use during non-operating hours? ____ Yes ____ No

Are you providing indoor restrooms/ handwashing facilities? ____ Yes ____ No

If yes, please identify where these facilities are located: _____

Will handwashing be available for employees in the structure? ____ Yes ____ No

Will a sanitizer station be available in the structure to clean tables? ☐ Yes ☐ No

Will there be a wait station located in the structure? ☐ Yes ☐ No

Food, Beverage, and Merchandise

What type of establishment will be activated?

☐ Restaurant ☐ Retail ☐ Bar

☐ Grocery ☐ Other (please list) _____

What is your service model for the temporary structure?

*****The Health Department recommends using To-Go Service seating at this time*****

☐ Full Service (food / beverage) ☐ To-Go Service Only ☐ Retail

☐ Other (please specify) _____

For full service, please specify how food, drinks, and tableware will be protected from contamination by weather elements, customers, etc.: _____

What types of food will be sold using the structure?

☐ None

☐ Produce (whole/ uncut only)

☐ Dry Goods (goods that can be stored at room temperature)

☐ Non- Time/ Temperature Controlled Foods (pre-packaged food from a manufacturer)

☐ Food that has been prepared in a licensed food facility and served directly to the consumer for immediate consumption

☐ Other (please specify): _____

Applicant acknowledges that all requirements of the Rules for Food Safety 2014 amended Oct 2017 will be followed along with all current health orders. ☐ Yes ☐ No

Applicant must acknowledge that they will not store, setup, display or sell any Time/ Temperature controlled for food safety items in the structure (except for restaurants serving To-Go or serving directly to the consumer for immediate consumption. There shall not be any food preparation in the structure.

**Do you acknowledge that you have read, understand, and will be able to abide by the above Time/
Temperature Controlled Statement? ☐ Yes ☐ No**

Printed Name of Applicant : _____

Signature of Applicant: _____