



## 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

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## Food, Beverage, and Merchandise

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**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.: \_\_\_\_\_**

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