



DEPARTMENT OF THE ARMY
MADIGAN HEALTHCARE SYSTEM
Tacoma, Washington 98431-1100



Permit to Operate a Temporary Food Operation

Name of Business/Unit: _____

Name of Person in Charge: _____

Location of Event: _____

Date and Time of Event: _____

Equipment List:

Hot Holding: Barbecue Stove Oven Grill Other _____

Cold Holding: Refrigerator Freezer Ice Chests with Ice

Transport Food: Ice chests with Ice Insulated Boxes

All Food Workers have valid JBLM Food Handlers Cards: Yes No

Menu: (list all items that will be served)

All food must be prepared on site or in an approved kitchen

****PERMIT MUST BE POSTED IN THE FOOD BOOTH DURING OPERATION****

Issuing Authorities name, signature, and phone number

Date