



*Health Department*  
**County of La Crosse, Wisconsin**

300 4th Street North • 2nd Floor  
La Crosse, Wisconsin 54601-3228  
(608) 785-9872 • FAX: (608) 785-9846  
[www.co.la-crosse.wi.us/health.htm](http://www.co.la-crosse.wi.us/health.htm)  
Environmental Division 608-785-9771  
Environmental Division FAX 608-793-6565



**Public Health**  
Prevent. Promote. Protect.

## Temporary Restaurant Vendor Permit Application

Date of Application \_\_\_\_\_ Name of Event \_\_\_\_\_

Location \_\_\_\_\_ Date of Event \_\_\_\_\_

Set up Date \_\_\_\_\_ Set up Time \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Restaurant/Organization Name \_\_\_\_\_

Where is the food going to be served? \_\_\_\_\_

\_\_\_\_\_

What foods are being served? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is the food going to be served \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will the food be purchased? \_\_\_\_\_

Where is the food being prepared? \_\_\_\_\_ When will food be prepared? \_\_\_\_\_

How will the cold food be kept? \_\_\_\_\_

How will the hot food be kept? \_\_\_\_\_

Power Source \_\_\_\_\_

Signature of Person in Charge \_\_\_\_\_ Date \_\_\_\_\_

### IMPORTANT:

Return this form to the Health Department at the above address 7 days before the event. (Email is preferred - Fax # 608-793-6565). If you have any questions please call the La Crosse County Health Department at 608-785-9771. Email: [www.co.la-crosse.wi.us/health](http://www.co.la-crosse.wi.us/health). The fee of \$130.00 (payment within seven day of event) or \$140 issued six days prior to the event or at the event is to be submitted with the completed application. If paying with a check please make the check payable to La Crosse County Health Department.