



# Temporary Food Establishment Permit Application

Lincoln-Lancaster County Health Department - Food Safety Program

3131 "O" Street, Lincoln, NE 68510

Telephone 402-441-6280, Fax 402-441-6206

**Application must be received 30 days prior to event**

*(Please print)*

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_  
(Last, first, middle initial) (Date of Birth)

Applicant Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Event or Establishment Name and Address** \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Complete List of Food to Be Sold:** \_\_\_\_\_

**Type of Permit** (check one):

**Single Event Temporary** – Maximum 14 days. Food is prepared on-site or in licensed facility; may include potentially hazardous food. Food manager must be indicated on this application and have a list of all food handler with permits available when operating.

**Annual Temporary** - Each event is 14 days or less. Food service can be set up at numerous locations and/or dates throughout the permit year. Food manager(s) must be listed on this application and vendor must have a list of all food handler with permits available when operating. Permit is valid for 12 months from date of issue.

**Event Market** with \_\_\_\_\_ number of vendors. Sponsor is responsible for all food service. Each vendor must have applicable Food Manager and/or Food Handler Permits. A list of vendors must be submitted with this application. Each temporary vendor must have a valid Nebraska Food Permit.

**Temporary food service is with a:**

Lincoln Food Establishment? YES NO Establishment Name \_\_\_\_\_

Non-profit Organization? YES NO Organization Name \_\_\_\_\_

**Nebraska Department of Agriculture Food Permit?** YES # \_\_\_\_\_ NO N/A (non-profit)

*If "NO" then a onetime permit fee must also be included for a Nebraska State Food Permit.*

**Do you need a temporary permit for outside Lancaster County?** YES NO ALREADY HAVE

Food Manager(s) Name	Manager Permit Number	Expiration

**Lincoln Food Code 8.20.190 requires all employees to have valid food manager/handler permits.** Food Handler permit information available at [www.lincoln.ne.gov](http://www.lincoln.ne.gov) search "Food" or call 402-441-6280 during office hours.

**Will you be using Volunteer Temporary Food Servers?** YES NO

**Temporary Food Servers:** LLCHD by policy allows that temporary volunteer food servers not preparing food, to be exempted from food handler permit requirements if they are trained as pre-approved by LLCHD, have no bare hand contact of foods, sign a "Temporary Food Server Roster" verifying training, and sign a "Required Illness Affirmation" form verifying that the server has not had vomiting or diarrhea within 48 hours of working at the temporary event. For more information and forms, contact the Food Safety Program at 402-441-6280.

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A commissary is required if temporary is not complete standalone operation for all food preparation, food storage, and/or cleanup. **Is the commissary a licensed food establishment?** YES NO

**Commissary location used for food preparation, food storage, and/or cleanup:**

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**Permit Type:** Check all that apply, call 402-441-6280 for assistance with calculating fees if needed.

**Single Event Temporary (1 to 14 days)**

\_\_\_\_\_ \$170 regular  
\_\_\_\_\_ \$ 85 with Lincoln establishment or non-profit

**Annual Temporary (multiple events over 12 months)**

\_\_\_\_\_ \$410 regular  
\_\_\_\_\_ \$205 non-profit

**Event Market – Must attach list of all food vendors**

\_\_\_\_\_ \$190 1 to 5 vendors  
\_\_\_\_\_ \$380 6 to 10 vendors  
\_\_\_\_\_ \$570 11 to 15 vendors  
\_\_\_\_\_ \$760 16 to 20 vendors

**State fees, if applicable:**

\_\_\_\_\_ \$81.61 State Food Permit Fee (onetime fee)

**State fees for operating outside Lancaster County for initial permits only**

\_\_\_\_\_ \$81.61 State Food Inspection Fee (renewed annually in July by State)

**Credit or debit card payments can be accepted in the Food Safety Program Office.**

**Make checks payable to “LLCHD”**

**Send to:** Lincoln-Lancaster County Health Department  
Food Safety Program  
3131 “O” Street  
Lincoln, NE 68510

**Federal ID #** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Electronic Funds Transfer Notification:** When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

**Revised:** July 1, 2021

**Health Department Use Only**

Permit #HFE \_\_\_\_\_: \_\_\_\_\_ New \_\_\_\_\_ Reissue: \_\_\_\_\_ Mail \_\_\_\_\_ Hand-deliver

EHS: \_\_\_\_\_ EPH Review: \_\_\_\_\_ Food Manager Verified by \_\_\_\_\_

Amount received \$ \_\_\_\_\_; Payment Method \_\_\_\_\_ Posted \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit: \_\_\_\_\_ laminated; Given to EHS \_\_\_\_\_ or mailed \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_ Application scanned into establishment’s permit file