

City of Bethlehem
Bureau of Health
10 E. Church St., Bethlehem, PA 18018
610-865-7083

APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

Name of Event: _____

Date & Time of Event: _____

Location of Event: _____

Business Name (for license): _____

Business Address (Base Location): _____

Business Owner and Address (if a company -list company name and officer names and address):

Business Phone: _____ Home Phone: _____

Name of Agent or Contact Person: _____

Will you have more than one food/beverage stand at this event? yes _____ no _____

List the location of all food/beverage stands at this event:

List all food and beverage that will be served:

Applicant Name (print): _____

Applicant Signature: _____

Fee: one day or less - \$ 11 —
two or three days - \$ 26 —
four or more days - \$ 51 —

Return application and fee payment to the Bethlehem Health Bureau prior to the event. Make check
Received Time: Mar. 4. 3. 12:30 PM