

SEMINOLE TRIBE OF FLORIDA



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MITCHELL CYPRESS
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Secretary

MICHAEL D. TIGER
Treasurer

HEALTH ADMINISTRATION
ENVIRONMENTAL HEALTH PROGRAM

6365 Taft Street, Suite 1003
HOLLYWOOD, FLORIDA 33024

TEMPORARY FOOD SERVICE VENDOR APPLICATION

Event Name: _____
Establishment Name: _____
Owner Name: _____
Owners Address: _____
Phone and Email Address: _____
Type's of Food To Be Sold: _____

Names of people that will work in the Temporary Food Service Facility: (NO MINORS ALLOWED)

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Name of Individuals who are food certified:

Date of Training: _____ Agency offering Training: _____

Date of Training: _____ Agency offering Training: _____

Date of Training: _____ Agency offering Training: _____

(If more space is needed please complete on back of form)

**IF THERE IS NO ONE CERTIFIED ON BASIC FOOD SAFETY, ONE PERSON FOR EVERY THREE INDIVIDUALS IN BOOTH
WILL NEED TO TAKE TRAINING**

Class will be offered by STOF on: _____

Period of Food Service Operation:

Start Date: _____ End Date: _____

As the owner/operator of this Temporary Food Service Facility, I hereby apply for a permit from the Seminole Tribe of Florida to operate my business on the Reservation. I have reviewed the requirements of the TEMPORARY FOOD SERVICE GUIDELINES of the Seminole Tribe of Florida and agree to comply with said guidelines.

I understand that failure to comply with any of the requirements of these Guidelines will result in the revocation of my Temporary Food Service Permit.

Owner/Operator

Date