CITY OF YORK, PA
C. KIM BRACEY, Mayor

Special Event Health Permit Application

Name of event	Date of event	Rain Date
Scheduled time of event		
Sponsoring group		
Your name, business, or organization		
Address		Your telephone Number
City / State / Zip		
Contact Person Name		Telephone Number
Address		
City / State / Zip		
List the food and drink items that you will be serving, and the quantity (total amount of each item)		
Where will these items be prepared?		
Where will these items or ingredients be obtained if not prepared by "yourself"?		

I have received a copy of the Special Events Guidelines from the Permits Department. CIRCLE ONE: YES OR NO

Circle and describe the type of refrigeration equipment to be used for the items on the site. Explain which items will be stored using these methods.

	Type of Equipment	Describe (size, #)	Food and quantities stored
Mechanical			
Dry Ice			
Cold Packs			
Drained Wet Ice			

NOTE: Drained wet ice means that the food must be stored in a container that will continuously drain the water that accumulates from the melting ice. The container must have a drain or holes at the bottom.

FOR OFFICE USE ONLY

Location of Stand at Event _____

BUREAU OF PERMITS, PLANNING & ZONING
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