



CONCESSION STAND APPLICATION FORM

OPERATOR INFORMATION:

Name of Concession Stand Operator/Affiliation:

Location of Concession Stand: _____

Designated Person in Charge (Name and Phone Number):

Date(s) of Operation: _____ through _____

(Attach schedule of events)

Hours of Operation: _____

- Pre-packaged foods (chips, candy, gum)
- Pre-packaged beverages (soda, water, Gatorade)
- Coffee – Hot Chocolate
- Hamburgers and/or other hot foods – Special requirements must be met – See Concession stand guidelines
- Other: Please explain in detail any other food that you intend to offer – this will be subject to review and approval.
- _____
- _____
- _____

ADDITIONAL INFORMATION

Food Source(s): _____

Source and Storage of Ice: _____

Describe Hand-washing Facilities: *Hand washing facilities are required unless ONLY pre-packaged foods are being offered.*

APPLICANT INFORMATION

Name and Title of Applicant:

Mailing Address (Location to which food permit is to be mailed): _____

Phone Number:

I certify by signing this application that I have received and read the **Lakota Local School District Concession Stand Guidelines** (7510 A) and agree to abide by them. I further understand that this concession stand is subject to inspection while in operation by the Board of Health and that should it be determined that the stand is not operating in accordance with these guidelines it shall be subject to closure and revocation of its permit to operate.

Signature of Applicant: _____