

Prairie Island Indian Community
Food Service Permit Application

All Food Service Establishments must provide the following information in order to request a Food Service Permit. Providing this information does not guarantee being approved for a permit. Please read the Prairie Island Indian Community Food Service Ordinance for more information.

Establishment Name (if applicable): _____

Owner/Manager name (Person in Charge): _____

Contact Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Names of all Food Service Workers

(Provide copies of Food Handler's Certificates for all Food Service Workers)

| First and Last Name | Certificate? | First and Last Name | Certificate? |
|---------------------|--|---------------------|--|
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name of event (if applicable): _____

Date(s) of event/food service: _____
Start date End date

Type of Food Served (or provide menu): _____

Date of the most recent Food Service Inspection: _____

Please provide a copy of the last Food Establishment Inspection Report.

Can you confirm all deficiencies (if any) have been corrected?
(If no, please attach explanation to this application) Yes No NA

By signing below, you certify that all the information provided is true and correct to the best of your knowledge; and that you have read the Prairie Island Indian Community Food Service Ordinance, and the Temporary Food Service Guidelines and the IHS Temporary Food Service Checklist, as applicable.

Owner/Manager Signature Date

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| Provided with all Food Handler's Certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| IHS Food Service Inspection Completed for Temporary Food Service Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Permit Number: _____ |