

Name of Booth(s) / Organization(s)

(Organizer completes this form and totals each column)

Name of Booth(s) / Organization(s) (Refer to each Temporary Food Facility Application)	Count of Facilities/Booths (Refer to each Temporary Food Facility Application)				
	Existing Permit Holder	For- Profit	For-Profit Donating	Non-Profit	Non-profit (Nonperishable)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Total Count For Each Category:					

FOR DEPARTMENT USE ONLY				
Total Count For Category x Fee				
Total Count For Ea. Category (fee not waived) x Fee				
GRAND TOTAL COLLECTED:				