

**LETTER OF APPROVAL FROM CENTRAL DISTRICT HEALTH  
FOR PUBLIC EVENTS/VENDORS LICENSE APPLICATION**

Date: \_\_\_\_\_

To the City Clerk  
McCall, Idaho

I, \_\_\_\_\_, of the Central District Health Department have been contacted by the individual/group listed below to organize an event which will involve food vendors and will take place at the following location in McCall. Upon receiving and approving the temporary food license applications and fees (if necessary), the licensed vendor will be approved to operate at this event.

\_\_\_\_\_  
(Name of Public Event/Vendor License Applicant)

\_\_\_\_\_  
(Name of Event)

\_\_\_\_\_  
(Date, and Time of Event)

\_\_\_\_\_  
(Physical Address of location of event)

\_\_\_\_\_  
(Food Product(s) being sold/served)

\_\_\_\_\_  
Signature - Central District Health

\_\_\_\_\_  
Date