



Environmental Health Division

Phone: (409) 832-7463 Fax: (409) 212-9589

License # _____

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Sponsoring Organization: _____ Name on Booth: _____

Proposed Date of Operation: _____ thru _____

Address of Event: _____

Contact Person: _____ Phone Number(s): _____

Entertainment Provided?: YES or NO (circle one) Name & Type of Entertainment _____

Contact Name for Entertainment: _____ Phone Number(s): _____

Temporary permits issued on a consecutive basis must be in conjunction with the festival/event/entertainment. No consecutive temporary permits will be approved if no entertainment service provided.

BOOTH SET UP TIME: _____

Type of Permit Requested (Check One):

1. _____ TEMPORARY FOOD ESTABLISHMENT
Complete Middle Column on page 2 of this form

2. _____ SPECIAL EVENT FOOD ESTABLISHMENT (6 or more booths)
Complete All Columns on page 2 of this form

Deadline for submission of application: no later than 1 week prior to event.

FEE: CHECK APPROPRIATE FEE BELOW PLEASE HAVE CORRECT CHANGE
TEMPORARY FOOD ESTABLISHMENT \$33.00
DISCOUNT (IF APPLICABLE) Youth & Elderly \$16.50
SPECIAL EVENT FOOD ESTABLISHMENT \$220.00 PER DAY

Signature of Applicant: _____ Date: _____

Print Name: _____

OFFICE USE ONLY: DATE ISSUED: EXPIRATION DATE: APPROVED BY: INPUT DATE: CLERK'S INITIAL:

tdb 3-2016

Promoting healthy lifestyles, preventing disease, and protecting the health of our community

