



**REGULATORY LICENSING UNIT
 TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION
 (Health and Safety Code, Chapter 437)**

TEMP - MULTI

BUDGET:	ZZ106
FUND:	167
PERMIT #:	

Return both the completed application, and non-refundable fee made payable to the TEXAS DEPARTMENT OF STATE HEALTH SERVICES mail to: PO Box 12008, Austin, Texas 78711. FAILURE TO PROVIDE ALL INFORMATION REQUIRED WILL DELAY PERMIT. For assistance in completing this application, call (512) 834-6626. For information on compliance requirements, call (512) 834-6753. You may visit our website at: www.dshs.state.tx.us

NOTE: IF THE EVENT IS TO BE HELD IN AN AREA PERMITTED AND INSPECTED BY A COUNTY OR PUBLIC HEALTH DISTRICT, DO NOT COMPLETE THIS APPLICATION. YOU MUST CONTACT THAT AGENCY FOR PERMITTING PROCEDURES.

**This application must be received by the Department at least 30 days prior to the event.
 The multiple event temporary permit is valid for each event that does not exceed 14-consecutive days and in conjunction with a single event.**

Name under which Business is operated (DBA) _____

Name of Applicant _____

Address of Applicant _____
Mailing Address *City and State* *Zip Code*

Telephone Number of Applicant _____

Applicant Email Address _____

Beginning Date of Initial Event _____

Temporary Food Establishment Permit (Non-refundable)-----\$200.00
 Permit is valid for 2 years from the initial event date. A permit is required for each individual food booth\unit.

Exemption - Nonprofit as a 501(C) Organization. You must possess a (501(C)) exemption under the Internal Revenue Code, or be a religious organization meeting the definition of a church under the Internal Revenue Code, '170(b)(1)(A)(I).

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY THAT I HAVE FILED THE ASSUMED NAME CERTIFICATE IN THE APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 437 OF THE HEALTH & SAFETY CODE AND THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

 Printed Name of Applicant _____
 Title

 Signature of Applicant _____
 Date