



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

TEMP-SINGLE

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.

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: _____

Event Name: _____

Event Address _____
Address City Zip Code

Event Start Date: _____ Event End Date: _____

Event Sponsor/Organizer: _____

Sponsor/Organizer Address: _____
Address City Zip Code

Event Contact Person and Phone Number: _____
Name Area Code and Phone Number

List Foods to be Prepared: _____

Food Preparation Address and/or service area: _____
Address City Zip Code

Temporary Food Establishment Permit (Non-refundable)-----\$52.00* per event
 Permit is valid for 14 consecutive days from the initial effective date. (Per 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 AND AM ELIGIBLE TO RECEIVE A LICENSE. 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 I HAVE FILED THE ASSUMED NAME CERTIFICATE IN 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, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

 Printed Name of Applicant

 Title

 Signature of Applicant

 Date