



TEMP-MULTI

2302

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

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.texas.gov

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 Owner:
Mailing Address:
Telephone Number of Applicant
Applicant Email Address
Name of Responsible Individual on Site:
Beginning Date of Initial Event
Is this permit only going to be used at a farmers market? Yes or No

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). Nonprofits are not required to complete this application. However, they must follow the Temporary Food Establishment Compliance Requirements. Please have proof of your nonprofit status available at the event.

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

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, CHAPTERS 228 & 229, AND AGREE TO ABIDE BY THEM.

Printed Signature of Applicant

Title

Signature of Applicant

Date

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM