



2302

**BUSINESS FILING AND VERIFICATION SECTION
TEMPORARY FOOD ESTABLISHMENT PERMIT
SINGLE EVENT APPLICATION**

(Health and Safety Code, Chapter 437)

**Mail the completed application and non-refundable fee made
payable to: The Texas Department of State Health Services**

Cash Receipts Branch MC 2003, PO Box 149347, Austin, Texas 78714

BUDGET ZZ106
FUND: 167
PERMIT #:

**NOTE: IF THE EVENT IS HELD IN AN AREA INSPECTED BY A COUNTY OR
PUBLIC HEALTH DISTRICT, DO NOT COMPLETE THIS APPLICATION. YOU MUST
CONTACT THAT AGENCY FOR PERMIT INFORMATION.**

Name under which Business is operated (DBA): _____

Name of Owner: _____

Mailing Address : _____
Address City and State Zip Code

Telephone # of Applicant: _____ Applicant Email Address: _____

Name of Responsible Individual on site: _____

Event Name: _____

Event Address: _____
Address City County Zip Code

Is this event inside the city limits? **Yes** or **No**
 Is this event a farmer's market? **Yes** or **No**

Event Start Date: _____ Event End Date: _____

Event Sponsor/Organizer: _____

Sponsor/Organizer Address: _____
Address City Zip Code

Event Contact Person & Telephone #: _____
Name Area Code and Phone Number

List Foods to be Prepared: _____

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

For assistance in completing this application, call (512) 834-6626.

Do not send cash, please send check or money order.

This application must be received by the Department at least 30 days prior to the event.

FAILURE TO PROVIDE ALL INFORMATION REQUIRED WILL DELAY THE PERMIT.

For information on compliance requirements, call (512) 834-6753. You may visit our website at: www.dshs.texas.gov

Temporary Food Establishment Permit (Non-refundable)----\$52.00 per event
(Per individual food booth/unit)

Permit is valid for 14 consecutive days from the initial effective date.

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