



Ector County, Texas

## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

INSTRUCTIONS: Please complete the application in detail. A permit application must be submitted for each establishment. **Print** or **type** the requested information. **BEFORE THE EVENT** *submit this application (by mail or in person) with the appropriate fee. Must be submitted at least 2 days prior to the event.*

Name of Temporary food establishment: _____	
Owner's Name: _____	Owner's Phone: _____
Owner's Address: _____	
Email <b>(Required)</b> : _____	
Name of the participating Event or Celebration: _____	
Name of the Event Coordinator: _____	
Phone number of the Event Coordinator: _____	
Location of Event: _____	
City: _____	Zip code: _____
Date and time of Event: Start Date: _____	End Date: _____
Start Time: _____	End Time: _____
Food Items to be served: _____	
_____	
Place of preparation and storage: _____	
Do you operate food establishments at other locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name and address: _____	
Must provide Food Managers Certificate/Food Handlers as appropriate	

NOTE: Please read and review the Health Department's handout entitled "Rules for Temporary Food Service Establishments".

### Permit Fee Charges

Temporary health permit	
Valid for <u>1 event only</u>	____\$60.00

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Office use only:

Date: \_\_\_\_\_ Facility FA Number: \_\_\_\_\_

Reviewed and Approved by: \_\_\_\_\_

Scanned to Envision Connect

Payment Type: Cash Check Number \_\_\_\_\_

Credit/Debit  Treasurer