



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.*

Name of Temporary food establishment: _____
Owner's Name: _____ Owner's Phone: _____
Owner's Address: _____
Email ( <b>must fill out</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: _____

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