

## TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

**Food/Beverage Vendors, please read the following:**

- *Original application will only be accepted if complete & accompanied by the correct fee, photo ID, & sales tax ID*
- *Separate form and permit required for **each** temporary food establishment.*
- *All applications and fees must be received **seven (7) days before** the temporary event to **avoid late fee (\$100.00)**.*
- ***Permit fees are non-refundable.***
- *A separate Coordinator application form must be submitted by the coordinator of the single event or celebration. Otherwise, your application may be null and void.*

**Fee Schedule: Please check one.**

Non-profit Fee Exempt Vendor

<input type="checkbox"/> 1-3 days = \$50	<input type="checkbox"/> 4 days = \$65	<input type="checkbox"/> 5 days = \$80
<input type="checkbox"/> 6 days = \$95	<input type="checkbox"/> 7 days = \$110	<input type="checkbox"/> 8 days = \$125
<input type="checkbox"/> 9 days = \$140	<input type="checkbox"/> 10 days = \$155	<input type="checkbox"/> 11 days = \$170
<input type="checkbox"/> 12 days = \$185	<input type="checkbox"/> 13 days = \$200	<input type="checkbox"/> 14 days = \$215

**Applicant/Owner Information:**

**Name of Temporary Food Establishment:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Address of Responsible Owner:** \_\_\_\_\_

**Email Address (Required):** \_\_\_\_\_ **Contact Phone #: (     )** \_\_\_\_\_

**Texas Tax Permit Number or Non Profit Tax Number (Copy must be attached):** \_\_\_\_\_

**Event Information:**

**Name of Single Event or Celebration:** \_\_\_\_\_

**Date and Time of Single Event or Celebration:**

**Start Date (MM/DD):** \_\_\_\_\_ **End Date (MM/DD):** \_\_\_\_\_  
**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Location of Single Event Celebration:**

\_\_\_\_\_ (Street)                      (City)                      (State)                      (Zip)                      (Lot/Space #)

**Coordinator responsible for the Single Event or Celebration:**

**Name:** \_\_\_\_\_ **Contact Phone #: (     )** \_\_\_\_\_

**Email Address (Required):** \_\_\_\_\_ **Address:** \_\_\_\_\_

*(Please fill out back page.)*

**Menu Information: (Please attach additional sheets, if needed.)**

**IMPORTANT NOTICE!**

- *All foods offered to the public must be from an approved source and proof of purchase documents must be available.*
- *All manufactured foods must be properly labeled, per the Food and Drug Administration and purchase receipts are required.*
- *All proposed food products must be pre-approved by the NET Health prior to the opening of the food establishment. Complex menu or high risk foods that require time or temperature control for safety shall require special approval. (High Risk = raw poultry, raw seafood, or foods traveling greater than one hour to event location).*

Food/Beverage Product Name	Place of Purchase – <u>Receipts must be available</u>	Equipment for Preparing Food

I acknowledge receipt of a copy of the Temporary Food Establishment Guidance Document and understand that failure to meet provisions for a temporary food establishment described in the NET Health District Order 2016-2 can result in citations for violations and penalties to be assessed in court. I certify that all facts stated in this application are true and correct. For any questions or concerns please contact Environmental Health at (903) 535-0037.

**Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**OFFICE USE ONLY:**

Date Rec'd: _____	# of Days of Operation: _____	Temporary Permit Fee: \$ _____	Pmt. Method: _____
Menu: _____	Sales Tax ID: _____	501(c) (3) _____	EIN: _____
DL/ID: _____	CFM: _____	Current Food Insp Report: _____	Current Non-Smith Co. Annual Food Permit: _____