



Submit Application To: 815 N. Broadway Ave. Tyler, TX. 75702
Contact: (903) 535-0037 Email: dprice@netphd.org

Coordinator Application for a “Single Event or Celebration” with Temporary Food Establishments

NEW Coordinator Applications must be received 2 weeks before the event to avoid a late fee (\$100.00).

TX Health & Safety Code Chapter 437; TX Health & Safety Code Chapter 121; NET Health District Order 2016-2

A “single event or celebration” occurs at one location once a month or less frequently. Events or activities that occur daily, weekly, or more frequently than once a month at a location are considered continuous operations and do not constitute a “single event or celebration”.

An activity must be recognized as a “single event or celebration” by the NET Health before a food vendor may apply to set up for the event. A Temporary Food Establishment may operate only in conjunction with a “single event or celebration” at a fixed location for a period of time not to exceed fourteen (14) consecutive days.

The coordinator of the event is responsible for crowd control, trash control, and connection to utilities, toilet facilities and traffic control. Coordinator Applications should be submitted 30 days prior to a “single event or celebration” to allow time for proper communication ahead of the event. Coordinator Applications submitted within 2 two weeks of the event are subject to late fees being assessed for expedited processing of paperwork.

A diagram of the layout of the event and identification of items 6 through 15 must be submitted with the application.

Please contact your City or County as other permits approval or required.

Name of Event: _____

2. Location of Event: _____
Name of Facility

Street Address City Zip

3. Dates & Times of Event: _____

4. Name of Coordinator(s) Responsible for the “Single Event or Celebration”:

Name Address Phone Number

EMAIL REQUIRED: _____

5. Name of the Coordinator on-site and how he/she can be contacted during entire event:

Name Address Phone Number

EMAIL REQUIRED: _____

6. Name(s) of Temporary Food Establishment(s) proposed:

Each proposed Temporary Food Establishment must make application for a NET Health Temporary Food Establishment Permit. At least 7 days prior to the event or be subject to a \$100.00 administrative fee.

7. Describe toilet facilities and number to be provided at the event, designate on diagram:

8. Describe hand washing facilities for patrons, designate on the attached diagram:

9. Indicate who will be responsible for their maintenance during the event:

10. Describe Potable Water Supply: _____

Coordinator must provide potable water supply

11. Describe Wastewater Disposal System: _____

Proper disposal site must be provided by coordinator

12. Describe Electrical Power Supply: _____

13. Describe Garbage Disposal System: _____

Proper disposal site must be provided by coordinator

14. Describe Grease Disposal System for Temporary Food Vendors: _____

Coordinator must provide proper disposal site

15. Describe Parking accommodations: _____

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Northeast Texas Public Health District may nullify final approval.

Signature: _____ **Date:** _____

Photo Identification Number and picture

Approval of these plans and specifications by Northeast Texas Pubic Health District does not indicate compliance with any other code, law or regulation that may be required (i.e., federal, state or local).

An applicant for approval of a "Single Event or Celebration" must agree with the Northeast Texas Public Health District, its officers and employees are indemnified against all claims of injury or damage to persons or property, whether public or private, arising out of "A Single Event or Celebration" or the "Temporary Food Establishment" operating in conjunction with a "Single Event or Celebration".

Date Received: _____ Inspector Assigned: _____ Number of Days of Operation: _____ 501(c)(3) (if applicable): ___ Coordinator's Driver's License: ___ Office Use Only
