



APPLICATION FOR TEMPORARY FOOD EVENT

Applicant (Name of Group/Organization/Establishment) _____
Name of Contact Person(s) _____
Address of Applicant _____
Contact Cell Number(s) _____
Name of the Event _____
Date of the Event _____
Time of the Event _____
Set-up Time & Date _____
Location of the Event _____
Physical Address of the Site _____

LIST ALL FOOD AND BEVERAGES TO BE SERVED / HANDLED

FOOD PRODUCT	SOURCE of PRODUCT	PLACE of PREPARATION	TRANSPORTING FACILITIES	COOKING EQUIPMENT	HOLDING EQUIPMENT

THE FEES FOR THIS PERMIT ARE: \$40.00 FOR THE 1ST 72 HOURS AND \$20.00 FOR ANY ADDITIONAL 72 HOURS INCREMENTS UP TO A MAXIMUM OF 15 DAYS. PAYMENT IN THE FORM OF CASHIER'S CHECK, CASH, OR MONEY ORDER MUST ACCOMPANY THIS APPLICATION. A LATE FEE OF \$10 IS ASSESSED FOR APPLICATIONS RECEIVED LESS THAN 3 DAYS PRIOR TO THE EVENT.

PLEASE NOTE: IF YOU ARE APPLYING AS A NON-PROFIT ORGANIZATION YOU MUST PROVIDE PROOF OF A 501-C3 FORM TO THE FORT BEND COUNTY ENVIRONMENTAL HEALTH DEPARTMENT. NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM THE PERMIT FEE, HOWEVER ALL REQUIREMENTS MUST BE MET, INSPECTIONS OBTAINED AND APPROVAL RECEIVED.

I, THE UNDRESIGNED, HAVE READ ALL THE REQUIREMENTS FOR OBTAINING A TEMPORARY FOOD SERVICE PERMIT IN FORT BEND COUNTY. I UNDERSTAND AND WILL COMPLY WITH THE REQUIREMENTS OR BE SUBJECT TO IMMEDIATE CESSATION OF OPERATION AND / OR RECVOICATION OF THIS PERMIT. I UNDERSTAND THAT THIS PERMIT IS NOT VALID UNTIL APPROVED BY THE FORT BEND ENVIRONMENTAL HEALTH DEPARTMENT.

SIGNATURE OF APPLICANT

REGISTERED SANITARIAN

DATE

DATE

ALL TRANSACTIONS ARE FINAL. NO REFUNDS OR CREDITS.