Health & Human Services
Environmental Health
Fort Bend County, Texas
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OFFICE: 281-342-7469 FAX: 281-342-5572

Michael R Schaffer, MBA, CPO
Director – Environmental Health

APPLICATION FOR TEMPORARY EVENT FOOD PERMIT

Applicant: (Name of Group/Organization/Establishment): _____
Name of Contact Person (s): _____
Address of Applicant: _____
Contact Cell Number (s) _____**Driver's License #:** _____
Email: _____

Name of the Event: _____
Date of the Event: _____**Time of the Event:** _____
Food & Beverage Set Up & Time: _____
Location (Physical Address) of the Event:
Type of Facility: ☐ **Tent** ☐ **Truck** ☐ **Trailer**
License Plate Number for Truck or Trailer: _____

LIST ALL FOOD AND BEVERAGES TO BE SERVED/HANDLED

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

A person desiring to operate a Temporary Food Establishment shall make application for a food establishment permit to the Department in advance of the Temporary Food Event. Applications are considered late if not received at least three (3) full business days prior to the event. Late permits will be twice the permit fee. A permit is valid for a **single event** of no more than 14 consecutive days.

Payment in the form of cash (in office only), credit/debit (in office only), cashier's check or money order, must accompany this application. No personal or temporary checks accepted.

Please Note: If you are applying as a non-profit organization, you must provide proof of a 501-C3 for, 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 needed. Please Note: 501-C3's are not exempt from late fees.

I, the undersigned, have read all the requirements for obtaining a Temporary Event Food Permit in Fort Bend County. I understand and will comply with the requirements or be subject to immediate cessation of operation, and /or revocation of this permit. I understand that this permit is not valid until approved by the Fort Bend County Environmental Health Department.

_____ _____
Signature of Applicant Date Registered Sanitarian Date

ALL TRANSACTIONS ARE FINAL. NO REFUNDS OR CREDITS.