



## Temporary Food Establishment Permit Application

**Name of Event:** \_\_\_\_\_

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

**Event Date(s):** \_\_\_\_\_ **Event Time(s):** \_\_\_\_\_

**Location of Event (Address):** \_\_\_\_\_

**Person in Charge of Booth:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**\*\*All foods offered to the public must be from an approved source. NO home prepared foods are allowed.\*\***

Food Item	Source (where will you buy ingredients)	Where will food item(s) be prepared, cooked or reheated?	Cold hold, cooking, or reheating Temperature?	Method of Protection, Cold/Hot Holding (cold hold at 41°F - hot hold at 135°F)

When do you plan to arrive to prepare food? Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Handwashing Station shall consist of : \_\_\_clean container with flip spigot for free flowing water, \_\_\_soap, \_\_\_paper towels, \_\_\_catch basin

How will you prevent contact between bare hands and ready-to-eat foods? \_\_\_\_\_

Method of Warewashing (wash-rinse-sanitize): \_\_\_\_\_

Water Supply: \_\_\_\_\_

Describe Structure of Booth /Concession: \_\_\_\_\_

Wastewater Disposal: \_\_\_\_\_

What type of hair restraints will you be using? \_\_\_\_\_

Number of plates: \_\_\_\_\_ Dine In / Take Out \_\_\_\_\_ Thermometers \_\_\_\_\_

I affirm that the above statements are true and correct. I acknowledge receipt of a copy of the VCPHD Temporary Food Establishment Requirements and insure that all individuals involved in this operation conform to the requirements as well. I agree, as a condition of my operation at this event, to comply with all City Health Ordinances, other City/County Ordinances, and State laws that may govern the conduct or operation of my business. Failure to meet these provisions may result in denial or revocation of my Temporary Food Establishment permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\*By signing electronically you agree that your electronic signature has the same legal validity and effect as your handwritten signature

<p><b>FEES</b> for events held in the <b>City/County of Victoria</b> should be made payable to and paid at the <b>Victoria County Public Health Department</b>.</p> <p>Fee Exempt: Y / N                      <b>Permit Fee:        \$100.00</b></p> <p>Date Paid: _____                      Permit Issued:        Y / N</p>	<p><b>FEES</b> for events held in the <b>City of Port Lavaca</b> should be made payable to the <b>City of Port Lavaca and paid at the City Hall in Port Lavaca</b>. In addition, the City of Port Lavaca requires Vendors Permit fee of \$100.00 (when applicable) payable at City Hall 202 N. Virginia Street.</p> <p>Fee Exempt: Y / N                      <b>Permit Fee:        \$10.00</b></p> <p>Date Paid: _____                      Permit Issued:        Y / N</p>
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