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

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