

All retail food establishments in Texas are required to obtain a Retail Food Establishment Permit from the regulatory authority that has the permitting and inspectional responsibility for the establishment. The regulatory authority may be a City, County, Public Health District, or the Department of State Health Services. DSHS only permits establishments that are not permitted by a city, county, or public health district. Please note that these applications are for STATE permitted establishments only. You should check with all appropriate city or county offices to assure that you are not required to be permitted by them instead of DSHS.

IT IS THE RESPONSIBILITY OF THE PERMITEE TO ASSURE THAT THEY PERMIT WITH THE PROPER AUTHORITY. PLEASE ALSO NOTE THAT ALL PERMIT FEES ARE NON-REFUNDABLE.



**REGULATORY LICENSING UNIT
 TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION
 (Health and Safety Code, Chapter 437)**

TEMP-SINGLE

BUDGET:	ZZ106
FUND:	167
PERMIT #:	

Return both the completed application, and non-refundable fee made payable to the TEXAS DEPARTMENT OF STATE HEALTH SERVICES in the envelope provided or mail to: PO Box 12008, Austin, Texas 78711. FAILURE TO PROVIDE ALL INFORMATION REQUIRED WILL DELAY PERMIT. For assistance in completing this application, call (512) 834-6626. For information on compliance requirements, call (512) 834-6753. You may visit our website at: www.dshs.state.tx.us

NOTE: IF THE EVENT IS TO BE HELD IN AN AREA PERMITTED AND INSPECTED BY A COUNTY OR PUBLIC HEALTH DISTRICT, DO NOT COMPLETE THIS APPLICATION. YOU MUST CONTACT THAT AGENCY FOR PERMITTING PROCEDURES.

This application must be received by the Department at least 30 days prior to the event.

Name under which Business is operated (DBA): _____

Name of Applicant: _____

Address of Applicant: _____
Mailing Address *City and State* *Zip Code*

Telephone Number of Applicant: _____ Applicant Email Address: _____

Event Name: _____

Event Address _____
Address *City* *Zip Code*

Event Start Date: _____ Event End Date: _____

Event Sponsor/Organizer: _____

Sponsor/Organizer Address: _____
Address *City* *Zip Code*

Event Contact Person and Phone Number: _____
Name *Area Code and Phone Number*

List Foods to be Prepared: _____

Food Preparation Address and/or service area: _____
Address *City* *Zip Code*

Temporary Food Establishment Permit (Non-refundable)-----\$52.00* per event
 Permit is valid for 14 consecutive days from the initial effective date. (Per individual food booth/unit)

Exemption - Nonprofit as a 501(C) Organization. You must possess a (501(C)) exemption under the Internal Revenue Code, or be a religious organization meeting the definition of a church under the Internal Revenue Code, '170(b)(1)(A)(I).

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Printed Name of Applicant _____ Title _____

Signature of Applicant _____ Date _____