



Ector County, Texas

APPLICATION FOR SEASONAL FOOD ESTABLISHMENT PERMIT

INSTRUCTIONS: Please complete the application in detail. A permit application must be submitted for each establishment. **Print** or **type** the requested information. **BEFORE THE EVENT** *submit this application (by mail or in person) with the appropriate fee.*

Name of Seasonal food establishment: _____

Owner's Name: _____ Owner's Phone: _____

Owner's Address: _____

Email (**must fill out**): _____

Name of the participating Events or Celebrations:	Date and Time of Event:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Food Items to be served: _____

Place of preparation and storage: _____

Do you operate food establishments at other locations? Yes No

If yes, please provide name and address: _____

NOTE: Please read and review the Health Department's handout entitled "Rules for Outdoor Events".

Permit Fee Charges

Temporary health permit Valid for <u>6 events only</u> _____ \$100.00
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Signature of Applicant Date

Office use only:

Date: _____ Facility FA Number: _____

Reviewed and Approved by: _____

Scanned to Envision Connect

Payment Type: Cash Check Number _____

Credit/Debit Treasurer