

# BEAUMONT

Public Health

## Environmental Health Division

Phone: (409) 832-7463 Fax: (409) 212-9589

License# \_\_\_\_\_

### TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Sponsoring Organization: \_\_\_\_\_ Name on Booth: \_\_\_\_\_

Proposed Date of Operation: \_\_\_\_\_ thru \_\_\_\_\_

Address of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

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

Entertainment Provided? : YES or NO (circle one) Name & Type of Entertainment \_\_\_\_\_

Contact Name for Entertainment: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

*Temporary permits issued on a consecutive basis must be in conjunction with the festival/event/entertainment. No consecutive temporary permits will be approved if no entertainment service provided.*  
**Applicants must obtain a food handler certification, prior to inspection date.**

BOOTH SET UP TIME: \_\_\_\_\_

Type of Permit Requested (Check One):

1. \_\_\_\_\_ TEMPORARY FOOD ESTABLISHMENT

 Complete Middle Column on page 2 of this form

2. \_\_\_\_\_ SPECIAL EVENT FOOD ESTABLISHMENT (6 or more booths)

 Complete All Column on page 2 of this form

**Deadline for submission of application: no later than 1 week prior to event.**

<b>FEE :</b>	<b>CHECK APPROPRIATE FEE BELOW</b>	<b><u>PLEASE HAVE CORRECT CHANGE</u></b>
	TEMPORARY FOOD ESTABLISHMENT	<input type="checkbox"/> \$33.00
	DISCOUNT (IF APPLICABLE) Youth & Elderly	<input type="checkbox"/> \$16.50
	SPECIAL EVENT FOOD ESTABLISHMENT	<input type="checkbox"/> \$220.00 PER DAY

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

OFFICE USE ONLY:	
DATE ISSUED: _____/_____/_____	EXPIRATION DATE: _____/_____/_____
APPROVED BY: _____	INPUT DATE: _____
CLERK'S INITIAL: _____	

*"Promoting healthy lifestyles, preventing disease, and protecting the health of our community"*