

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.

FEE :	CHECK APPROPRIATE FEE BELOW	<u>PLEASE HAVE CORRECT CHANGE</u>
	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"

