

## **Environmental Services Phone (361) 578-6281 \* Fax (361) 579-6348**

## **Temporary Food Establishment Permit Application**

Name of Event:							
Name of Temporary	y Food Establish	ment:					
Event Date(s):				<b>Event Time(s):</b>			
<b>Location of Event</b> (A	Address):						
Person in Charge of	f Booth:			Teleph	none:		
Mailing Address: _		City:		_ State: Zip:			
Email Address:							
**All foods offered	to the public mu				O home prepa	red foods are allo	wed.**
Food Item	will you buy ingredients) item		vill food s) be , cooked eated?	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 arr	rive to prepare food?	Date:		Time:		am / pm	
Handwashing Station sh							atch basin
How will you prevent co	ontact between bare h	ands and rea	ady-to-eat fo	oods?			
Method of Warewashing	g (wash-rinse-sanitize	e):					
Water Supply:							
Describe Structure of Bo							
Wastewater Disposal: _							
What type of hair restra	,				<del></del> ·		
Number of plates:	<u></u>	Dine In / Ta	ke Out	Thermo	ometers		
I affirm that the above stat insure that all individuals i with all City Health Ordina these provisions may resul	nvolved in this operation ances, other City/Count	n conform to y Ordinances,	the requirement, and State lay	ents as well. I agree, vs that may govern th	as a condition of my	operation at this event, t	o comply
Signature of Applicant Printed Name				of Applicant Date		Date	
FEES for events held in the City/County of Victoria should be made payable to and paid at the Victoria County Public Health Department.				<b>FEES</b> for events held in the <b>City of Port Lavaca</b> should be made payable to the <b>City of Port Lavaca and paid at the City Hall in Port Lavaca</b> . 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	Permi	Fee:	\$100.00	Fee Exempt: Y	N	Permit Fee:	\$10.00
Date Paid:	Permi	t Issued:	Y/N	Date Paid:		Permit Issued:	Y / N