



CITY OF STAFFORD – CODE COMPLIANCE

Consumer Health Services Temporary Food Establishment Permit Application

2610 South Main Street
Stafford, Texas 77477
PHONE: (281) 261-3941 fax: (281) 261-3939
EMAIL: consumerhealth@staffordtx.gov

Date:

Permit #

Fill out the blocks of information that pertains to your Food Event

EVENT INFORMATION	Event Name		
	Type of Event – Indicate all that apply <input type="checkbox"/> Trade Show / Multiple Vendor/Booth <input type="checkbox"/> Single Day Event - Individual <input type="checkbox"/> Multiple Day Event - Individual <input type="checkbox"/> Vendor/Booth - (Sampling) <input type="checkbox"/> Event Caterer <input type="checkbox"/> Event Caterer <input type="checkbox"/> Concessionaire <input type="checkbox"/> Concessionaire <input type="checkbox"/> Concessionaire <input type="checkbox"/> City-sponsored event <input type="checkbox"/> City-sponsored event <input type="checkbox"/> Benefit – Non-Profit <input type="checkbox"/> Benefit – Non-Profit <input type="checkbox"/> Individual Food Unit/ Vendor <input type="checkbox"/> Individual Food Unit / Vendor		
	Event Location: <input type="checkbox"/> Stafford Centre <input type="checkbox"/> Civic Center <input type="checkbox"/> Other		Complete Address
	Start Date	End Date	Event Start Time Vendor Insp Time
Event Organizer	Event Organization		
	Coordinator Of Event	Cell Phone Number	Email
	Complete Address of Event Organization		# of Approved Vendors/Booths
Please list Food Vendors Below including Booth/Business name, Person In Charge, Phone Number, and Email			
Business Name: _____ Person In Charge: _____		Phone Number: _____ Email Address: _____	
Business Name: _____ Person In Charge: _____		Phone Number: _____ Email Address: _____	
Business Name: _____ Person In Charge: _____		Phone Number: _____ Email Address: _____	
Business Name: _____ Person In Charge: _____		Phone Number: _____ Email Address: _____	
Business Name: _____ Person In Charge: _____		Phone Number: _____ Email Address: _____	
Business Name: _____ Person In Charge: _____		Phone Number: _____ Email Address: _____	
For Additional Vendors – Please attached separate paper with pertinent information.			
Coordinator Signature:		Print:	Date:
Property Owner	Fill out this section if your event is to be held at a location other than the Stafford Centre or Civic Center. An approval signature is required from the property owner or their representative.		
	Name	Legal Address	
	If not owner - Rep Name	Title	Cell Phone
	I, _____, property owner/ representative for the property listed above do hereby give my permission to (name of event organizer) _____ to operate a temporary food event on said property. from (begin date and time) _____ to (end date and time) _____		
Property Owner Signature:		Printed Name	Date



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FOOD VENDOR INFO	Booth Name		
	Person in Charge of Booth		Cell Phone
	Address		Email
	A Minimum of ONE CERTIFIED FOOD HANDLER SHALL BE PRESENT AND IN THE BOOTH /UNIT AT ALL TIMES DURING THE EVENT. Indicate On-site Food Handler and Attach Copies Of Certificates.		
	Onsite ANSI approved – CFH / CFM (if different than above)		Cell Phone
CFH Issuer Name		Certificate Number	Expiration

FOOD INFORMATION	FOOD ITEMS	SOURCE – Raw Materials / Purchased Foods / Manufacturer	DATE of Purchase
	Menu Items or Manufactured Food Item Name	Name & Address	
	(Use a separate paper for additional items)		

LOCATION OF FOOD PREPARATION (Check all that applies) **LICENSED FOOD ESTABLISHMENT** **ON – SITE** Preparation and service

Food Manufacturers – include a copy of a VALID manufacturing license.
Purchased Prepared Food Items - Receipts shall be presented to inspector during inspection.

NOTE: By signing this application, the applicant assumes the responsible for the knowledge and abidance of all local, state, and federal food establishment laws applicable to this operation. The permit holder understands that failure to comply with the requirements of the law, may result in immediate revocation of the permit as well as being issued a municipal citation.

Applicant Signature:	Printed Name	Date
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FEES DUE UPON SUBMITTAL				
	FEE Type	Fee	Base	Additional Submittals
Any unauthorized or unpermitted vendor found to be operating will be cited with a violation of operating a temporary food establishment without a permit and will be ordered to leave the event premises immediately.	Minimun Event fee – Coordinator fee PLUS		\$150.00	
	Booth / Vendor FEE			
	_____ Vendor(s) X _____ # of days X	\$25.00		
	Late Fee – per vendor (Any apps received less than 15 days out)	\$50.00		
	Total Due			

Submittal Information					Payment Information			
Submission Date	Number of Appl Sub.	Accepted By	Approved By	Approval Date	Date	Amount Collected	Receipt Number	Collected By