



City of Stafford

2610 South Main
(281) 261 3941

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Stafford, Texas 77477
Fax: (281) 261 3939

Catering Permit Application

Name of Caterer:			
Base Establishment/ Commissary Name:			
Catering Establishment Address:			
Mailing Address: (if different than above)			
Caterer's Cell Phone #:		Base Establishment Phone # (if different from cell)	
Caterer's Email:			
Person In Charge of Catering Event:		PIC- Cell #	
Health Authority Name: (who you are permitted through)			
Health Authority Address:		Phone # to Health Authority :	
<i>EVENT NAME:</i>		<i>DATE(S) and TIME OF EVENT:</i>	
<i>LOCATION OF EVENT: (please ck one)</i> <input type="checkbox"/> STAFFORD CENTRE (CASH RD) <input type="checkbox"/> CIVIC CENTER (Staffordshire) <input type="checkbox"/> OTHER: (LIST BELOW)			
<i>LOCATION OF OTHER:</i>			
<p>I, _____, as the person in charge of the Catering Operation, do understand that I MUST complete this form in it's entirety and provide accurate and true information and pay for my permit at least 30 DAYS PRIOR to the event in which I will be catering. I also understand that I may not operate without a valid City of Stafford permit and that I will comply with City of Stafford Codes and the State of Texas Texas Food Establishment Rules. Failure to comply with any of these regulations may result in forfeiture of this permit as well as charges in Municipal Court being filed against you.</p>			
Certified Food Protection Manager (required)		License #	Expiration
		Issued By:	
Please attach the following items to your application: <ol style="list-style-type: none"> a. Base Food Establishment Annual permit. (from your Health Authority) (must send updated copies as received) b. Last two inspections from your Health Authority c. Food Manager Certification for the person in charge of the event d. Menu 			
Permit Fee	Annual Permit	\$200.00	
	Late Fee	\$50.00	
	TOTAL DUE		
	COS Permit #		
Signature of Applicant:			Date:
Accepted By:	Receipt#:	Approved By:	