



CITY OF STAFFORD – CODE COMPLIANCE

CONSUMER HEALTH SERVICES

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

Catering Application

PERMIT:

CONTRACTOR #:

EXPIRATION:

| | | | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| CATERING COMPANY | LEGAL NAME: | | |
| | Address: | | Phone # |
| | Mailing Address (if different) | | |
| | Owner or GM Of Catering Co. | | Title: |
| | Email: | | Owner / Manager Cell: |
| Food Preparation Location | Est. Name (if different than above) | | |
| | Permitted Establishment Address: (if different than above) | | |
| | Establishment Owner/Manager: | | Title: |
| | Permitted Establishment Owner/Manager Email: | | Cell # |
| REG Agency | Health Department and Address: (EXP: City, County, State) | | |
| | Health Authority Phone #: | Regulatory Permit #: | Permit Expiration: |
| | | | |
| EVENT INFORMATION | EVENT NAME: | | Event Date: |
| | Event Time: | | |
| | Location of Event: <input type="checkbox"/> STAFFORD CENTRE (10505 Cash Rd.) <input type="checkbox"/> CIVIC CENTER (1415 Staffordshire Rd.) <input type="checkbox"/> OTHER (List address below) | | |
| | OTHER ADDRESS: | | |
| | Onsite Person In charge of catering event: | | PIC Cell #: |
| | Certified Food Mgr (onsite) | License # | Expiration |
| Issued By: | | | |

NOTE: The owner/manager of the Catering Company listed above is responsible for the knowledge of and the abidance of all local and state 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 the issuance of a municipal citation.

The following items shall be included in permit application submittal:

- 1. Base Regulatory Permit 2. Food Manager Certification - Onsite 3. Last Regulatory Inspection Report 4. Menu**
5. Proof of Ownership of Catering Co.

| | | |
|----------------------------------------|---------------|-------|
| Signature of Owner/General Mgr: | Printed Name: | Date: |
|----------------------------------------|---------------|-------|

FEES DUE UPON APPROVAL

Applications shall be submitted to the City of Stafford Health Division no later than 15 days prior to use. Any applications received within the 15 days prior to event will be assessed a late fee penalty of \$50.

| | | | | | |
|----------------|-----------------|-------|-------------------------|----------|--|
| Health | Accepted by: | Date: | Annual Permit fee | \$200.00 | |
| | Approved by: | Date: | Late Fee | \$50.00 | |
| Finance | Receipt number: | | TOTAL DUE | | |
| | Processed by: | Date: | Total Amount Collected: | | |