



City of Stafford

2610 South Main
(281) 261 3941

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Stafford, Texas 77477
Fax: (281) 261 3939

TEMPORARY FOOD EVENT RESPONSIBLE PARTY IDENTIFICATION NO HOME-PREPARED FOODS ALLOWED

(Except those items approved under the Cottage Law Health & Safety Code Chapter 437)

This page is required to be signed and submitted by each booth operator to the Coordinator

Event Name	
Location of Event:	
Date of Event:	Type of Food or Beverages to be served:
Operator of Temporary Food Booth:	
Name of Booth:	Cell#
Booth Operator Email:	

Check the appropriate box

<input type="checkbox"/>	I operate from a permitted food facility that I use for cooking and / or packaging. (Attach permit or manufacturer's license.
<input type="checkbox"/>	I operate through a permitted co-packer kitchen. (Attach name, address, phone number of co-packer
<input type="checkbox"/>	I will purchase food from a permitted food facility (such as a grocery store or licensed food establishment). I will maintain my receipts for inspection including time & temp of from the purchase location until
<input type="checkbox"/>	I will be using the licensed Stafford Centre or Civic Center kitchen for preparation and cooking.
<input type="checkbox"/>	I will be cooking everything from a raw state to prepared on the event site.

Approved Food Items used at event (use sheet of paper for additional foods)	Approved Food Items Source	Address Telephone # (Please attach copy of Manufacturer Lic)

****Temporary Vendor – In submitting this application to the Coordinator of this Event, I _____ understand and agree to conform to the guidelines of the City of Stafford Codes and the Texas Food Establishment Rules and ensure that all individuals involved in this operation conform to these codes. I agree that failure to comply with these regulations may result in immediate revocation of my permit and charges filed against me in Municipal Court.**

A MINIMUM OF ONE CERTIFIED FOOD HANDLER MUST IN CHARGE OF THE BOOTH AT ALL TIMES. LIST FOOD HANDLER AND ATTACH COPIES OF CERTIFICATES.

Certified Food Handler:		
Issued by:	Certificate #	Expiration:
Signature of Vendor:	Printed Name:	
Mailing Address:	Drivers License #	Date of Birth:
Event Coordinator:	Printed Name:	