



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 * Fax 940-626-4629

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION	
Permit #:	_____
Permit Fee:	_____
Total Fee Collected:	_____
Permit fees are non-refundable	

A COMPLETED APPLICATION MUST BE RECEIVED A MINIMUM OF 3 FULL BUSINESS DAYS PRIOR TO EVENT
PERMIT VALID FOR A MAXIMUM 14 CONSECUTIVE DAYS
A FIRE DEPARTMENT MOBILE FOOD PERMIT IS ALSO REQUIRED FOR ALL MOBILE UNITS
TAX EXEMPTION PAPERWORK MUST BE ATTACHED TO APPLICATION FOR FEE WAIVER
PLEASE PRINT LEGIBLY OR TYPE APPLICATION INFORMATION

EVENT INFORMATION

NAME OF SPECIAL EVENT: _____

ADDRESS OF EVENT: _____
Street
City
State
Zip

DATE(S) OF EVENT: _____

TIME(S) OF EVENT: _____ a.m./p.m. TO _____ a.m./p.m.

Food service must be set up minimum 30 minutes prior to start of event

APPLICANT INFORMATION

NAME OF FOOD BOOTH OR BUSINESS: _____

OWNER/CONTACT PERSON: _____

ADDRESS: _____
Street
City
State
Zip

PHONE: _____ FAX: _____ E-MAIL: _____

PERSON IN CHARGE ON SITE: _____ PHONE: _____

ALL FOODS MUST BE PREPARED ON SITE OR AT A PERMITTED FACILITY

<u>FOOD ITEMS TO BE SERVED*</u>	<u>PLACE OF PREPARATION AND STORAGE</u>
_____	_____
_____	_____
_____	_____

*** Note: Only authorized food and beverages listed above may be served.**

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Temporary Food Establishment Permit and **CLOSURE** of the establishment.

_____	_____	_____	_____
Print Name of Applicant	Signature of Applicant	Position	Date

Below this line is for Environmental Health Services office use only

(Rev 02/12)

_____	_____
APPROVED BY	DATE OF APPROVAL

Required Information For Mobile Food Vendors

The following information shall be submitted before a Health inspection of your Mobile Food Unit will be scheduled.

- Fully completed Temporary Event application form.
- Commissary Letter or Required Information
- Photocopy of driver/operator's government issued photo I.D.
- Fire Department Mobile Food Permit or receipt of application.
- Photocopy of state required Liability Insurance on vehicle to be used.
- Failure to provide any of the aforementioned documentation, or providing incomplete or inaccurate information will result in your application being rejected or delayed.

Provide a Commissary Letter or all information requested below:

- 1) Location and address where the Mobile Food Unit is cleaned

- 2) Location and address where liquid waste from the Mobile Food Unit is disposed.

- 3) If food is prepared off site and stored hot or cold before service - Name and address where any food preparation or storage is provided. A copy of the most recent health permit for this location shall be submitted.

Print Name of Applicant

Signature of Applicant

Date Information Provided.