FOR OFFICE USE				
Received:	Paid On:	Check #:	Amount:	Receipt
Initial:	Issue On:	Expires On:	Permit:	Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH **ENVIRONMENTAL HEALTH SERVICES DIVISION**

P.O. BOX 142529 Austin, TX 78714

Phone (512) 978-0300 Email: ehsd.service@austintexas.gov

http://www.austintexas.gov/ehsd

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Temporary Food Event Application (Pg. 1) ** Submit at least 10 calendar days before the event date. ** No Home-Prepared Foods Allowed

Responsibilities & Acknowledgements (*Initials Required*)

Responsibilities

The temporary event organizer (not the individual booth operator) is required to obtain all necessary Temporary Food Booth Permits for each booth at the event.

Application Submission

- o Applications may be submitted in person (1520 Rutherford LN) or by email (EHSD.Service@AustinTexas.gov).
 - Applicants submitting in person must pay at time of submission.
 - Applicants submitting by email will be contacted by phone for a credit card payment within 2 business days
 - Travis County application may only be submitted in person and can only be paid by cash or check.
- Application Deadline
 - Submit completed applications to the department at least 10 calendar days prior to the scheduled event
 - Applications submitted less than 10 calendar days prior to the start of the event may not be approved and will be subject to a \$98.00 expedited review fee.

Issue & Delivery

- o Permits are non-transferable
- Permits must be picked up in person, at the Walk-in Location. (1520 Rutherford LN)
 - Permits are available for pick-up Monday through Friday 7:45 AM to 3:30 PM
- o Individuals/Organizations may not obtain more than six (6) events per calendar year (Max 84 event days).

Re-Issues

- o Permits may be reissued by the department due to schedule changes; subject to departmental discretion.
- o Reissue requests must be received prior to the event date and state a valid reason for the reissuance.
- o 'Rain Out' delays can be granted if the department is notified within 24 hours of the cancellation.

I acknowledge that completion of this application does not guarantee a permit will be issued by the department. I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.

Applicant Initials

Terms & Definitions

Food Booth: Any stall or partitioned stand used to present, prepare, or provide food to the general public.

Temporary Event: Any organized event or celebration that serves food or provides open beverage service taking place at a

location for no more than 14 consecutive days in conjunction with an organized event or celebration. (This

includes ice and alcoholic beverages)

1 Day Event with Single Booth: An event that lasts one day and consists of only one booth.

What to Submit with the Application

1. Temporary Food Event Application Submit Page 1 & Page 2 2. Responsible Party Identification Submit 1 per food booth

3. Individual Booth Listing

Government Issued Photo ID (Valid)

Submit as many sheets as necessary

Submit a clear copy

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Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Temporary Food Event Application (Pg. 2) ** Submit at least 10 calendar days before the event date. **

No Home-Prepared Foods Allowed

Event Name:						
Event Address:						
	Street		City		State	Zip Code
Event Dates:		_ Food Booths:		Fee Exempt:		No
Hours of	Start Date End Date		Total Booths	Social Services Contract	w/ COA or 501(d)(3) in Travis
Operation:	Food booth(s) must be set-	up and ready for inspectio	n at the hours listed	d under the Hours of Operation	n for each day.	
ent Organizer	Print full le	gal names as they w	ould appear or	n a Government Issued	l Photo ID(s)	
Organizer Name:						
3	Last		First		Middle	
Mail Address:			0::			7' 0 1
	Street		City		State	Zip Code
Driver's License:	DL #	State	Date of Birth	1: MM/DD/YY	YY	
Phone Number:			Email:			
i none itamber.	(###) ### - #####			ail addresses will not be distr	buted. (Internal	use only)
e Information:	All tempora	ary event application	on fees are <u>no</u>	onrefundable.		
City of Aus	tin (Contracted Municipal			Travis County (=	ted)
				Jumbar of Dava		
Number of D	•	Pricing Structure	r	Number of Days	Pricing St	ructure
1 Booth, 1 Ca	alendar Day, Single Event ²	\$35.00		·		
1 Booth, 1 Ca 1 - 5 Calenda	•	\$35.00 \$98.00/Booth	1	to 5 calendar days	\$98.00,	Booth (Booth
1 Booth, 1 Ca 1 - 5 Calenda 6 - 14 Calend Expedited Pe	alendar Day, Single Event ² ar Days, 1 or More Booths dar Days, 1 or More Booths ermit	\$35.00	1	·		Booth (Booth
1 Booth, 1 Ca 1 - 5 Calenda 6 - 14 Calend Expedited Pe (Less than 10 da	alendar Day, Single Event ² ar Days, 1 or More Booths dar Days, 1 or More Booths	\$35.00 \$98.00/Booth \$145.00/Booth \$98.00/Event	1 6	to 5 calendar days to 14 calendar days	\$98.00, \$145.00	/Booth /Booth
1 Booth, 1 Ca 1 - 5 Calenda 6 - 14 Calend Expedited Pe (Less than 10 da	alendar Day, Single Event ² ar Days, 1 or More Booths dar Days, 1 or More Booths ermit ys prior to the event) event with only 1 booth for 1 cale	\$35.00 \$98.00/Booth \$145.00/Booth \$98.00/Event	1 6 to any other even	to 5 calendar days to 14 calendar days at taking place at the same	\$98.00, \$145.00	/Booth /Booth
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1 Booth, 1 Ca 1 - 5 Calenda 6 - 14 Calend Expedited Pe (Less than 10 da ² Price for single	Payment Forms Accepted: Malendar Days, 1 or More Booths Mar Days, 1 or More Booths Make checks	\$35.00 \$98.00/Booth \$145.00/Booth \$98.00/Event andar day, not connected DO NOT MAIL CA Cash, Check, Mone and money orders p	to any other even ASH PAYMEN ey Order, Visa ayable to: Au	to 5 calendar days to 14 calendar days t taking place at the same	\$98.00, \$145.00 ocation, same t	/Booth /Booth
1 Booth, 1 Ca 1 - 5 Calenda 6 - 14 Calend Expedited Pe (Less than 10 da ² Price for single	Payment Forms Accepted: Malendar Days, 1 or More Booths Mar Days, 1 or More Booths Make checks	\$35.00 \$98.00/Booth \$145.00/Booth \$98.00/Event Indar day, not connected DO NOT MAIL CA Cash, Check, Mone and money orders poted. Credit cards no mail (Environmental Heers submitting via email	to any other even ASH PAYMEN ey Order, Visa ayable to: Au ot accepted for ealth Services Divide (ehsd.service@	to 5 calendar days to 14 calendar days to 14 calendar days to 14 calendar days to 14 calendar days It taking place at the same of taking plac	\$98.00, \$145.00 ocation, same to er, AMEX ts.	Booth /Booth ime. 714) or in perso

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Responsible Party Identification

for Temporary Food Events

No Home-Prepared Foods Allowed

Each individual booth operator is required to complete and submit the following form. Please PRINT and use additional sheets if necessary.

_____, am the operator of the temporary food service booth named: **Print Your Name** providing food at the following temporary event named: **Booth's Name from Page 3** Date(s) of the Event Temporary Event Name from Page 1 Type of food/beverages to be served: _____ The food will be obtained from the following approved sources (check all that apply): I operate from/own a permitted food facility (such as a restaurant). Food Facility Name: Food Facility Address: _ City Address State I will purchase food from a permitted food facility (such as a grocery store or restaurant) on the day of the event and bring the food directly to the event. I will maintain my receipts from the purchase on-site at the event for verification. Food Facility Name: ___ Facility Address: Address City State Phone Number: (I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin Public Health Department and, **Print Name of Applicant**

I understand that, as a condition of my operation at this event, I am responsible to insure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and insure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin. I understand that such a complaint may result in a fine of up to \$2,000 on conviction.

Signature:	Printed Name:			
Today's Date:	Phone Number:			
Mailing Address:				
Address	City	State	Zip	
Driver's License Number & State:		Date of Birth:		

Revised: 1/4/2017 www.SurveyMonkey.com/s/EHSDSurvey

Individual Booth Listing

No Home-Prepared Foods Allowed

Food & Beverage Booth Information

List each booth participating in the event by name and provide a list of the food and/or beverages the booth will offer to the public.

Print additional copies of the 'Food & Beverage Booth Information' sheet, if necessary.

1.	Booth Name:	
	Food/Beverage:	
2.	5 4 1	
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	_	
3.		
	Food/Beverage:	
4.	Booth Name:	
	Food/Beverage:	
5.	Booth Name:	
6.		
0.		
	rood/beverage.	
7.	Booth Name:	
	Food/Beverage:	
8.	Booth Name:	
	Food/Beverage:	
9.	Booth Name:	
٠.		
10.	Booth Name:	
	Food/Beverage:	
11.	Booth Name:	
	Food/Beverage:	
12.	Booth Name:	
	Food/Beverage:	
13	Booth Name:	
	_	
14.	Booth Name:	
	Food/Beverage:	

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