



**TEMPORARY FOOD PERMIT APPLICATION  
ENVIRONMENTAL HEALTH DIVISION  
16801 Westgrove Dr  
Addison, TX 75001  
972-450-2880**

**PLEASE WRITE LEGIBLY    \$100    PAYMENT IS NON-REFUNDABLE**  
**Incomplete applications will delay or prevent permitting.**

**APPLICANT INFORMATION**

Name of Organization:	
Contact Person:	Email:
Address	
Phone:	Cell Phone:
Person in Charge on Site:	

**EVENT INFORMATION**

Name of Event:	
Event Organizer/Sponsor/Coordinator:	Email
Contact person:	Cell Phone:
Location of Event:	
Date(s) of Event:	
Time(s) of Event	
Event to be held:	Enclosed Building      Outdoors
Anticipated maximum attendance at peak time:	

**OFFICE USE ONLY**

<b>Site Information</b>	<b>Yes</b>	<b>No</b>		<b>Date Paid:</b>	<b>Receipt #</b>
IRS 501 Provided				Method:	
Annual Permit on file				Mail	Pick-up
Out of Town Vendor					
Copy of Inspection Report					

Env. Health Approval:

Date:



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Please list specific menu items, including drinks to be served. Items not approved below may not be offered for consumption


No food or beverage stored or prepared in a private home may be offered for sale, sold or given away from a temporary food facility.

Onsite cooking equipment:
Onsite hot hold and/or cold hold equipment:
Food Suppliers (name & address):

Will food preparation take place prior to scheduled event? Y \_\_\_\_\_ N \_\_\_\_\_

If YES, the provide name & location of food preparation facility:


Submit copy of food establishment permit & most recent inspection report if food is from a non-Addison restaurant.

<b>Site Information</b>	<b>Yes</b>	<b>No</b>
Three compartment sink available or temporary 3-comp sink set-up		
Sanitizer test strips		
Handwashing facilities available		
Toilet facilities available		
Name and contact information of person responsible for solid waste disposal and liquid waste disposal:		



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**PERSONNEL / EMPLOYEE INFORMATION**

Person(s) preparing food / drink:
Person(s) serving food / drink onsite: List ALL employees and volunteers on ALL shifts (use additional sheets if necessary)
Person(s) cleaning up:

I certify that the submitted information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Authority may nullify the permit. I understand I am subject to inspection at any time during the event. I understand that fees are non-refundable. I understand that outdoor grilling, cooking and hot hold activities in place during temporary food events must adhere to the Town of Addison Fire Department Ordinance and the policies and procedures outlined in the Temporary Events Procedures document and is subject to the approval of the Regulatory Authority.

\_\_\_\_\_  
Signature of Participant

- DID YOU REMEMBER TO?**
- COMPLETELY FILL OUT APPLICATION
  - SIGN APPLICATION
  - ATTACH COPY OF HEALTH PERMIT
  - ATTACH MOST RECENT INSPECTION REPORT
  - CFM CERTIFICATE
  - FOOD HANDLER CERTIFICATES / CARDS