

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Food/Beverage Vendors, please read the following:

- *Original application will only be accepted if complete & accompanied by the correct fee, photo ID, & appropriate Tax Identification (Valid TX Sales Tax ID, Federal EIN, or proof of Non-Profit)*
- *Separate form and permit is required for **each** temporary food establishment.*
- *Applications and fees must be received **seven (7) days before** the 1st day of the temporary event to **avoid a late fee of \$100.00.***
- ***Permit fees are non-refundable.***
- *A Event Coordinator Application form must be submitted by the coordinator of the single event or celebration. Otherwise, your application may be null and void.*
- *Complex Menu items such as raw poultry, raw seafood or multiple prep steps require additional fee and requirements. Additional application documents will be issued for completion.*

Fee Schedule: Please check one.

Select if you are Non-Profit Exempt Vendor

A. Select One Option	<input type="checkbox"/> Temporary Food Vendor – First 1 to 3 Days (Not a NET Health MFU and No Complex Menu) = \$75.00		
	<input type="checkbox"/> NET Health Permitted Mobile Food Unit requiring Temporary Permit. = \$75.00 Permit # _____		
B. Select Additional Days	<input type="checkbox"/> 3 or less days = No	<input type="checkbox"/> 4 days = \$15	<input type="checkbox"/> 5 days = \$30
	<input type="checkbox"/> 6 days = \$45	<input type="checkbox"/> 7 days = \$60	<input type="checkbox"/> 8 days = \$75
	<input type="checkbox"/> 9 days = \$90	<input type="checkbox"/> 10 days = \$105	<input type="checkbox"/> 11 days = \$120
	<input type="checkbox"/> 12 days = \$135	<input type="checkbox"/> 13 days = \$150	<input type="checkbox"/> 14 days = \$165
C. Select if Applicable	<input type="checkbox"/> \$25.00 Complex Menu Fee. Check if bolded items in the Vendor Risk Assessment below apply to you		
D. Select if Applicable	<input type="checkbox"/> \$100.00 Late Fee for any application submitted within 7 days of the 1st day of the event.		
Total Fee of All Sections	Total (Sections A + B + C + D =) _____		

Vendor Risk Assessment

Will all foods/beverages be served in package form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a cottage food producer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you have foods that are prepared in a location other than this permitted vendor location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of the food/beverages served require temperature control or time control for safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all Foods/beverages pre-cooked or ready to eat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you have raw unfrozen proteins that will be cooked	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the event last longer than 4 hours (including setup and advanced preparation onsite)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you have raw seafood, raw fish or raw poultry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complex menu
Do any foods or beverages require extensive processing such as cooking, cooling and reheating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complex menu

Applicant/Vendor Information:

Name of Temporary Food Establishment:	
Name of Business Owner:	
Address of Business Owner:	
Email Address (Required):	Contact Phone #: ()
Texas Tax Permit Number or Non Profit Tax Number (Copy must be attached):	

Event Information:

Name of Single Event or Celebration:				
Date and Time of Single Event or Celebration:				
<u>Start Date (MM/DD):</u>	<u>End Date (MM/DD):</u>			
<u>Start Time:</u>	<u>End Time:</u>			
Date and Time you will be setup ready for Permitting Inspection:				
Location of Single Event Celebration:				
_____	_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)	(Lot/Space #)
Coordinator responsible for the Single Event or Celebration:				
Name:	Contact Phone #: ()			
Email Address (Required):	Address: _____			

Menu Information: (Please attach additional sheets, if needed.)

IMPORTANT NOTICE!	
<ul style="list-style-type: none"> ➤ <i>All foods offered to the public must be from an approved source and proof of purchase documents must be available.</i> ➤ <i>All manufactured foods must be properly labeled, per the Food and Drug Administration and purchase receipts are required.</i> ➤ <i>All proposed food products must be pre-approved by the NET Health prior to the opening of the food establishment. Complex menu or high risk foods that require time or temperature control for safety shall require special approval. (High Risk = raw poultry, raw seafood, or foods traveling greater than one hour to event location).</i> 	

Food/Beverage Product Name	Place of Purchase – <u>Receipts must be available</u>	Equipment for Preparing Food



ENVIRONMENTAL HEALTH DEPARTMENT

815 N. BROADWAY AVE.* TYLER, TX 75702*PHONE: (903)-535-0037*FAX: (903)592-0413

WEB: WWW.MYNETHEALTH.ORG *EMAIL: EnvironmentalHealth@netphd.org

I acknowledge receipt of a copy of the Temporary Food Establishment Guidance Document and understand that failure to meet provisions for a temporary food establishment described in the NET Health District Order 2023-1 can result in citations for violations and penalties to be assessed in court. I certify that all facts stated in this application are true and correct. For any questions or concerns please contact Environmental Health at (903) 535-0037.

Applicant's Name: _____ **Signature:** _____

OFFICE USE ONLY:

Date Rec'd: _____	# of Days of Operation: _____	Temporary Permit Fee: \$ _____	Pmt. Method: _____
Menu: _____	Sales Tax ID: _____	501(c) (3) _____	EIN: _____
DL/ID: _____	CFM: _____	Current Food Insp Report: _____	Current Non-Smith Co. Annual Food Permit: _____