



Special Event Health Permit Application

Applicant Information

Name of Applicant: _____ Date: _____

Name of Organization/Business: _____

Business Address: _____

Mailing Address (If Different): _____

Phone #: _____ Email: _____

Is this a non-profit fundraising event? Yes No Non-profit status requires IRS TAX exempt certificate #501©3 or registration of non-profit status from the State of Texas. State Sales Tax/Tax Exempt ID #: _____

Event Information

Name of Event: _____

Event Location: _____

Property Owner: _____

Owner Address: _____

Event Start Date: _____ End Date: _____ Event Start Time: _____ End Time: _____

Type of Foods to be served: _____

Will cooking be conducted on site? _____ Electricity Required? _____

Is establishment a Trailer or Booth? _____ If trailer, provide the license with manufacturer.

List cooking/hot holding method/cold holding method/equipment to be brought to site:

Type of sanitizer to be used: _____ Type of ware washing/hand washing capabilities:

Method of liquid waste disposal? _____ (Self-contained trailer tank or City sanitary sewer.)

Use of Tents

Will there be tents used for the event? Yes No Area/Square feet of tent(s) _____ Number of tent(s) _____
Tents that are under 400 square feet will have no additional fire code requirements. No tent(s) shall be erected within or otherwise obstruct fire lane/access. Tents open on all sides which comply with **all** of the following will not have any additional fire code requirements:

- Individual tents having a maximum size of 700 square feet.
- The aggregate area of multiple tents placed side by side without a firebreak clearance of 12 feet, not exceeding 700 square feet.
- Minimum clearance of 12 feet to all structures and other tents. **If tent(s) are over 700 sq. ft. in area, additional requirements may apply. A site plan must be approved showing placement of tent upon the event location.**

Acknowledgement

I have carefully read the completed application and know the same is true and correct and hereby agree that a permit is issued, all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I am the owner of the above establishment or authorized employee. Permission is hereby granted to enter premises and make all inspections. I acknowledge that a Special Event Health Permit fee of \$75.00 will be charged for all Food Vendors and an inspection will be completed before event.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Approval – City Representative