



# Special Event Health Permit Vendor Application

## Vendor Information

|                                 |        |
|---------------------------------|--------|
| Name of Applicant:              |        |
| Driver's License Number:        |        |
| Liability Insurance Number:     |        |
| Name of Organization/ Business: |        |
| Business Address:               |        |
| Mailing Address:                |        |
| Phone Number:                   | Email: |

## Event Information

|                |                 |
|----------------|-----------------|
| Name of Event: | Event Location: |
| Vendor Hours:  |                 |

## Event Description

|                           |     |    |  |
|---------------------------|-----|----|--|
| Will Food be sold onsite? | Yes | No | <b>Electricity is not provided by the city</b> |
|---------------------------|-----|----|--|

|                            |                  |                   |  |
|----------------------------|------------------|-------------------|--|
| Type of food to be served: | <hr/>            |                   |  |
| Pre-packaged               | Prepared on site | Prepared off site |  |

## Food Preparation

|  |
|--|
| Food Handler/Manger License:   |
| <i>List cooking/ hot Holding method/ Cold holding method/ all equipment onsite</i>                   |
| Type of Sanitizer to be used:  |
| Type of ware/hand washing capabilities:  |
| Method of liquid waste disposal: <u>Self-contained trailer or tank</u> or <u>City sanitary sewer</u> |

**I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of Fate City Ordinances and State Laws will be complied with whether herein specified or not. I am the owner or authorized employee of the above identified establishment. Permission is hereby granted to enter premises and make all inspections.**

|                        |      |
|------------------------|------|
|                        |      |
| Signature of Applicant | Date |

## Office Use Only

| Department          | Initials | Date |
|---------------------|----------|------|
| City Representative |          |      |