



SOUTH PLAINS PUBLIC HEALTH DISTRICT

Environmental Inspection Services
Gaines · Yoakum · Terry · Dawson

TEMPORARY FOOD SERVICE VENDOR PERMIT APPLICATION

IN ORDER FOR PERMIT TO BE PROCESSED, A COMPLETED AND SIGNED APPLICATION MUST ACCOMPANY PERMIT FEE

Today's Date: _____ Date(s) of event or activity: _____

Time of Operation: _____ From _____ To _____ Location of Event: _____
Street Address City County Zip

Name of Booth/Organization: _____ Assigned Spot: _____

RESPONSIBLE PERSON (MUST BE AVAILABLE THE DAY(S) OF EVENT IN CASE INSPECTOR HAS QUESTIONS)	<p style="text-align: center;">SPPHD MUST BE NOTIFIED AT LEAST 6 DAYS PRIOR TO EVENT.</p> <p style="text-align: center;">PERMIT FEE MUST BE PAID AT LEAST 3 DAYS PRIOR TO EVENT.</p> <p style="text-align: center;">\$30 for the first 2 days - \$15 for each additional day</p> <p style="text-align: center;">\$100 expedited fee for less than 7 days advance notice</p> <p style="text-align: center;">NO REFUNDS WILL BE ISSUED*</p> <p style="text-align: center;">*We may issue credit for a later event.</p> <p style="text-align: center;">NO FOOD MAY BE PREPARED FROM HOME.</p> <p style="text-align: center;">ALL FOOD MUST BE PREPARED ON SITE OR AT AN APPROVED FACILITY.</p>
Name:	
Address:	
City/State/Zip:	
Phone:	
Alternate Phone:	
Email:	

No person shall operate a Temporary Food Establishment without a valid permit issued by the South Plains Public Health District. Only an establishment which complies with the requirements of the Texas Food Establishment Rules, issued by the Texas Department of State Health Services and adopted by the South Plains Public Health District, shall be entitled to receive or retain such permit.

Temporary Permit \$30/per day for the first two days, \$15 for each additional day.
 (\$100 expedited fee for less than 7 days advance notice)

NUMBER OF DAYS SERVING FOOD: _____ TOTAL AMOUNT DUE: _____

PAYMENT METHOD:

Check # _____ Cash M/C* VISA* Non-Profit or 501c(3) Status (attach paperwork)

***PLEASE CALL (432)652-0040 TO MAKE A PAYMENT OR TO REQUEST A PAYMENT LINK.**

FOOD ITEMS TO BE SERVED: _____ PLACE OF PREP AND STORAGE: _____

NOTE: ONLY FOODS AND BEVERAGES LISTED ABOVE WILL BE ALLOWED ON DAY(S) OF EVENT

Applicant Signature: _____	Date: _____
Inspector Signature: _____	Date: _____