

# City of Kingsville-Health Department/Food Service Division

3421 North Farm to Market 1355 \* P.O. Box 1458 \* Kingsville, Texas 78364 \*361-592-3324



## TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

NAME OF ORGANIZATION: \_\_\_\_\_

NAME OF PRESIDENT/MANAGER OF ORGANIZATION: \_\_\_\_\_

ADDRESS OF PRESIDENT/MANAGER: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: TX ZIP: \_\_\_\_\_

TAX EXEMPT NUMBER: \_\_\_\_\_

(Must have form 990 and/or DOCUMENT FROM THE STATE OF TEXAS SHOWING NON-PROFIT TAX EXEMPT STATUS)

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### EVENT LOCATION:

LOCATION OF EVENT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: TX ZIP: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_ A.M/P.M. TO \_\_\_\_\_ A.M/ P.M.

LIST ALL ITEMS TO BE SOLD: \_\_\_\_\_

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IN MAKING THIS APPLICATION FOR A HEALTH FOOD PERMIT, WHICH IS NECESSARY TO CONDUCT THIS TEMPORARY EVENT, I UNDERSTAND AND AGREE TO COMPLY WITH ALL CITY OF KINGSVILLE HEALTH ORDINANCES AND THE TEXAS FOOD ESTABLISHMENT RULES.

SIGNATURE OF PRESIDENT/MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(HEALTH INSPECTOR'S NAME)

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### TYPE OF ESTABLISHMENT:

- TEMPORARY EVENT (NON-PROFIT ORGANIZATION) @ \$20.00
- TEMPORARY EVENT (PROFITABLE) @ \$30.00

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EVERYONE INVOLVED IN THIS TEMPORARY EVENT MUST HAVE A FOOD HANDLER'S CARD!