MUST BE POSTED INSIDE BOOTH

PERMIT FEE:_____   BOOT NUMBER:_____

RECEIPT NUMBER:_____   TAX EXEMPT #:_____

GALVESTON COUNTY HEALTH DISTRICT
TEMPORARY FOOD ESTABLISHMENT PERMIT REQUEST
(SEPARATE FORM REQUIRED FOR EACH BOOTH)

Completion of a permit application is one step in the process of obtaining a temporary food service permit. Please call the Health District Office at (409) 938-2411 for additional information.

Special Event: YAGA'S CHILI QUEST & BEER FEST Sponsor:___RONALD MCDONALD HOUSE_____

Date(s) of Event:__JAN 15, 2011_____Time of Operation: From ___6AM____ To ___7PM___

Location of Event (Street Address):____SANGERFEST PARK – 23RD & STRAND_____

Organization: INSERT COOK TEAM NAME_____

Responsible Person: INSERT CHIEF COOK NAME_____

Address:_____ City_____ State_____ Zip_____

Phone: CELL/DAYTIME_____ Email:_____

Do you operate food establishments at other locations? (CIRCLE ONE)   Yes   No

If yes, provide names and addresses:_____
_____

Applicants Signature:_____ Date:_____
Applicants Drivers License Number:_____ State:_____
Sanitarian's Signature:_____ Date:_____

Food items to be served	Source / Vendor	Place of Preparation	Transporting / cold Holding Facilities	Cooking Equipment	Hot Holding Facilities
CHILI	TEAM NAME	ON SITE	COOLER	PROPANE STOVE	HOT BOX
					*NO STERNOS ALLOWED

*Special Conditions:*_____
_____

GALVESTON COUNTY HEALTH DISTRICT PERMIT

THIS IS TO CERTIFY THAT _____ HAS COMPLETED THE REQUIREMENTS OF THE HEALTH DISTRICT AND IS HEREBY GRANTED THIS PERMIT TO CONDUCT OPERATIONS KNOWN
AS:_____ AT_____ LIMITED TO _____.
THIS PERMIT IS TO BE PLACED ON DISPLAY AND REMAINS VALID FROM_____ UNTIL_____ UNLESS SUSPENDED OR REVOKED FOR NON-COMPLIANCE WITH THE RULES AND REGULATIONS OF THE GALVESTON COUNTY HEALTH DISTRICT.

_____   _____
DIRECTOR OF ENVIORNMENTAL &   EXECUTIVE DIRECTOR
CONSUMER HEALTH