

FOR OFFICE USE

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Initial: _____ Issue On: _____ Expires On: _____ Permit: _____ Juris: COA / TC / ILA



AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION



P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
<http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Temporary Food Event Application (Pg. 1)
**** Submit at least 10 calendar days before the event date. ****

**No Home-Prepared
Foods Allowed**

Responsibilities & Acknowledgements (Initials Required)

Responsibilities

The temporary event organizer (**not the individual booth operator**) is required to obtain all necessary Temporary Food Booth Permits for each booth at the event.

Application Submission

- Applications may be submitted in person (1520 Rutherford LN) or by email (EHSD.Service@AustinTexas.gov).
 - Applicants submitting in person must pay at time of submission.
 - Applicants submitting by email will be contacted by phone for a credit card payment within 2 business days
 - **Travis County application may only be submitted in person and can only be paid by cash or check.**
- Application Deadline
 - Submit completed applications to the department at least 10 calendar days prior to the scheduled event
 - Applications submitted less than 10 calendar days prior to the start of the event may not be approved and will be subject to a \$98.00 expedited review fee.

Issue & Delivery

- Permits are non-transferable
- Permits must be picked up in person, at the Walk-in Location. (1520 Rutherford LN)
 - Permits are available for pick-up Monday through Friday 7:45 AM to 3:30 PM
- Individuals/Organizations may not obtain more than six (6) events per calendar year (Max 84 event days).

Re-Issues

- Permits may be reissued by the department due to schedule changes; subject to departmental discretion.
- Reissue requests must be received prior to the event date and state a valid reason for the reissuance.
- 'Rain Out' delays can be granted if the department is notified within 24 hours of the cancellation.

I acknowledge that completion of this application does not guarantee a permit will be issued by the department. I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.

Applicant Initials

Terms & Definitions

- Food Booth:** Any stall or partitioned stand used to present, prepare, or provide food to the general public.
- Temporary Event:** Any organized event or celebration that serves food or provides open beverage service taking place at a location for no more than 14 consecutive days in conjunction with an organized event or celebration. *(This includes ice and alcoholic beverages)*
- 1 Day Event with Single Booth:** An event that lasts one day and consists of only one booth.

What to Submit with the Application

- | | |
|---------------------------------------|---|
| 1. Temporary Food Event Application | <i>Submit Page 1 & Page 2</i> |
| 2. Responsible Party Identification | <i>Submit 1 per food booth</i> |
| 3. Individual Booth Listing | <i>Submit as many sheets as necessary</i> |
| 4. Government Issued Photo ID (Valid) | <i>Submit a clear copy</i> |



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Temporary Food Event Application (Pg. 2)
**** Submit at least 10 calendar days before the event date. ****

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Event Information *Note: Incomplete applications will not be processed and will be returned*

Event Name: _____

Event Address: _____
 Street City State Zip Code

Event Dates: _____ **Food Booths:** _____ **Fee Exempt:** _____ **Yes** _____ **No** _____
 Start Date End Date Total Booths Social Services Contract w/ COA or 501(c)(3) in Travis

Hours of Operation: _____
 Food booth(s) must be set-up and ready for inspection at the hours listed under the Hours of Operation for each day.

Event Organizer *Print full legal names as they would appear on a Government Issued Photo ID(s)*

Organizer Name: _____
 Last First Middle

Mail Address: _____
 Street City State Zip Code

Driver's License: _____ **Date of Birth:** _____
 DL # State MM/DD/YYYY

Phone Number: _____ **Email:** _____
 (###) ### - ##### Email addresses will not be distributed. (Internal use only)

****** Attach a Clear Copy of a Valid Government Issued Photo ID ******

Fee Information: *All temporary event application fees are nonrefundable.*

City of Austin (Contracted Municipalities ¹)		Travis County (Unincorporated)	
Number of Days/Booths	Pricing Structure	Number of Days	Pricing Structure
1 Booth, 1 Calendar Day, Single Event ²	\$35.00	1 to 2 calendar days	\$20.00/Booth
1 - 5 Calendar Days, 1 or More Booths	\$98.00/Booth	3 to 5 calendar days	\$30.00/Booth
6 - 14 Calendar Days, 1 or More Booths	\$145.00/Booth	6 to 14 calendar days	\$40.00/Booth
Expedited Permit (Less than 10 days prior to the event)	\$98.00/Event		

¹ Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills
² Price for single event with only 1 booth for 1 calendar day, not connected to any other event taking place at the same location, same time.

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX
 Make checks and money orders payable to: ATCHD or Austin/Travis County Health & Human Services
 Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature _____ Print Name _____ Date _____

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Responsible Party Identification

for Temporary Food Events

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Each individual booth operator is required to complete and submit the following form.

Please **PRINT** and use additional sheets if necessary.

I, _____, am the operator of the temporary food service booth named:
Print Your Name

_____, providing food at the following temporary event named:
Booth's Name from Page 3

_____, on this date, _____,
Temporary Event Name from Page 1 **Date(s) of the Event**

Type of food/beverages to be served: _____

The food will be obtained from the following approved sources (check all that apply):

- I operate from/own a permitted food facility (such as a restaurant).

Food Facility Name: _____

Food Facility Address: _____

Address **City** **State** **Zip**

- I will purchase food from a permitted food facility (such as a grocery store or restaurant) on the day of the event and bring the food directly to the event. **I will maintain my receipts from the purchase on-site at the event for verification.**

Food Facility Name: _____

Facility Address: _____

Address **City** **State** **Zip**

Phone Number: (_____) _____

I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin/Travis County Health and Human Services Department and, _____

Print Name of Applicant

I understand that, as a condition of my operation at this event, I am responsible to insure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and insure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin. I understand that such a complaint may result in a fine of up to \$2,000 on conviction.

Signature: _____ **Printed Name:** _____

Today's Date: _____ **Phone Number:** _____

Mailing Address: _____
Address **City** **State** **Zip**

Driver's License Number & State: _____ **Date of Birth:** _____

Individual Booth Listing

No Home-Prepared
Foods Allowed

Food & Beverage Booth Information

List each booth participating in the event by name and provide a list of the food and/or beverages the booth will offer to the public.
Print additional copies of the 'Food & Beverage Booth Information' sheet, if necessary.

1. Booth Name: _____
Food/Beverage: _____
2. Booth Name: _____
Food/Beverage: _____
3. Booth Name: _____
Food/Beverage: _____
4. Booth Name: _____
Food/Beverage: _____
5. Booth Name: _____
Food/Beverage: _____
6. Booth Name: _____
Food/Beverage: _____
7. Booth Name: _____
Food/Beverage: _____
8. Booth Name: _____
Food/Beverage: _____
9. Booth Name: _____
Food/Beverage: _____
10. Booth Name: _____
Food/Beverage: _____
11. Booth Name: _____
Food/Beverage: _____
12. Booth Name: _____
Food/Beverage: _____
13. Booth Name: _____
Food/Beverage: _____
14. Booth Name: _____
Food/Beverage: _____