

### ENVIRONMENTAL HEALTH DEPARTMENT

815 N. BROADWAY AVE.\* TYLER, TX 75702\*PHONE: (903)-535-0037\*FAX: (903)592-0413 WEB: WWW.MYNETHEALTH.ORG \*EMAIL: EnvironmentalHealth@netphd.org

## TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

## Food/Beverage Vendors, please read the following:

- Original application will only be accepted if complete & accompanied by the correct fee, photo ID, & appropriate Tax Identification (Valid TX Sales Tax ID, Federal EIN, or proof of Non-Profit)
- Separate form and permit is required for <u>each</u> temporary food establishment.
- Applications and fees must be received <u>seven (7) days before</u> the 1<sup>st</sup> day of the temporary event to <u>avoid a late</u> fee of \$100.00.
- Permit fees are non-refundable.
- A Event Coordinator Application form must be submitted by the coordinator of the single event or celebration. Otherwise, your application may be null and void.
- Complex Menu items such as raw poultry, raw seafood or multiple prep steps require additional fee and requirements. Additional application documents will be issued for completion.

<u>Fee Schedule:</u> Please check one. □ ②Select if you are Non-Profit Exempt Vendor					
A. Select One Option	☐ Temporary Food Vendor – First 1 to 3 Days ( Not a NET Health MFU and No Complex Menu) = \$75.00				
Sciect One Option	☐ NET Health Permitted Mobile Food Unit requiring Temporary Permit. = \$75.00				
	Permit #				
B.	☐ 3 or less days = No Additional Fee	☐ 4 days = \$15	☐ 5 days = \$30		
Select Total Days of Operation at this Event	☐ 6 days = \$45	☐ 7 days = \$60	☐ 8 days = \$75		
	☐ 9 days = \$90	☐ 10 days = \$105	☐ 11 days = \$	5120	
	☐ 12 days = \$135	☐ 13 days = \$150	☐ 14 days = \$	5165	
C. Select if Applicable	\$25.00 Complex Menu Fee. Check if bolded items in the Vendor Risk Assessment below apply to you				
D. Select if Applicable	\$100.00 Late Fee for any application submitted within 7 days of the 1 <sup>st</sup> day of the event.				
Total Fee of All Sections	Total (Sections A + B + C + D =)				
Vendor Risk Assessment				1	
Will all foods/beverages be s	erved in package form		□Yes □No		
Are you a cottage food produ			□Yes □No		
Will you have foods that are	prepared in a location other than th	is permitted vendor location?	□Yes □No		
Do any of the food/beverage	ol or time control for safety	□Yes □No			
Are all Foods/beverages pre-cooked or ready to eat			□Yes □No		
Will you have raw unfrozen proteins that will be cooked			□Yes □No		
Will the event last longer than 4 hours (including setup and advanced preparation onsite)			□Yes □No		
Will you have raw seafood, raw fish or raw poultry  Do any foods or beverages require extensive processing such as cooking, cooling AND			□Yes □No □Yes □No	Complex menu Complex menu	
reheating				Complex menu	
reneating					



Applicant/Vendor Information:

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Name of Temporary Food Establishment:				
Name of Business Owner:				
Address of Business Owner:				
Email Address (Required):	Contact Phone #: ( )			
Texas Tax Permit Number or Non Profit Tax Nu	mber (Copy must be attached):			
Event Information:				
Name of Single Event or Celebration:				
Date and Time of Single Event or Celebration:				
Start Date (MM/DD):	End Date (MM/DD):			
Start Time:	End Time:			
Date and Time you will be setup ready for Permitting Inspection:				
Location of Single Event Celebration:				
	ty) (State) (Zip) (Lot/Space #)			
Coordinator responsible for the Single Event or Celebration:				
Name:	Contact Phone #: ( )			
Email Address (Required):	Address:			

# Menu Information: (Please attach additional sheets, if needed.)

## **IMPORTANT NOTICE!**

- All foods offered to the public must be from an approved source and proof of purchase documents must be available.
- All manufactured foods must be properly labeled, per the Food and Drug Administration and purchase receipts are required.
- All proposed food products must be pre-approved by the NET Health prior to the opening of the food establishment. Complex menu or high risk foods that require time or temperature control for safety shall require special approval. (High Risk = raw poultry, raw seafood, or foods traveling greater than one hour to event location).

Food/Beverage Product Name	Place of Purchase – Receipts must be available	Equipment for Preparing Food
Complete on next page	Complete on next page	Complete on next page



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Food/Beverage Product Name	Place of Purchase – Receipts must be available	Equipment for Preparing Food

I acknowledge receipt of a copy of the Temporary Food Establishment Guidance Document and understand that failure to meet provisions for a temporary food establishment described in the NET Health District Order 2023-1 can result in citations for violations and penalties to be assessed in court. I certify that all facts stated in this application are true and correct. For any questions or concerns please contact Environmental Health at (903) 535-0037.

Applicant's Name:	Signature:	
Applicant 3 Name.		

### OFFICE USE ONLY:

<u> </u>	<u> </u>				
Date Rec'd:_		# of Days of Operation:		Temporary Permit Fee: \$	Pmt. Method:
Menu:	Sales Ta	x ID: 501(c) (3)	EIN:	Approval for Special F	Processes:
DL/ID:	CFM:	Current Food Insp Report:	Curren	t Non-Smith Co. Annual Food Pern	nit: