



SOUTH PLAINS PUBLIC HEALTH DISTRICT
 Environmental Health Services
 City of Levelland

TEMPORARY FOOD SERVICE VENDOR PERMIT APPLICATION

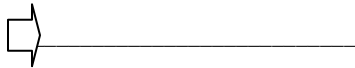
Today's Date: _____ Name of event or activity: _____

Date(s) _____ & Time of Operation: _____ to _____

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

Name of Booth or Organization: _____ Location of event (street address): _____

City/State/Zip: _____



RESPONSIBLE PERSON (MUST BE AVAILABLE THE DAY(S) OF EVENT IN CASE INSPECTOR HAS QUESTIONS)	PERMIT MUST BE PAID NO LATER THAN 3 DAYS BEFORE EVENT
Name: _____	Due-date will vary depending on size of event NO FOOD CAN BE PREPARED AT HOME. ALL FOOD IS REQUIRED TO BE PREPARED ON SITE OR AT AN APPROVED FACILITY. NO REFUNDS WILL BE ISSUED.
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 \$10.00 for the first three days and \$10.00 a day for each additional day.

NUMBER OF DAYS YOU WILL SERVE: _____ TOTAL AMOUNT DUE: _____

PAYMENT METHOD

Check # _____ Cash Non Profit or 501c(3) Status: Yes No

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

Applicants Drivers License No.:	State:
Applicants Signature:	Date:
Inspectors Signature:	Date: