

## City of Richardson Health Department

## **TEMPORARY FOOD SERVICE PERMIT APPLICATION**

P.O. BOX 830309 • RICHARDSON, TX 75083-0309 • (972) 744-4080

## (TYPE OR PRINT ALL INFORMATION)

## APPLICATION AND FEE MUST BE RECEIVED <u>AT LEAST</u> 5 BUSINESS DAYS PRIOR TO EVENT

EVENT INFORMATION	
NAME OF EVENT:	
LOCATION OF EVENT:	
DATE(S):	TIME(S):
COMPANY/ORGANIZATION INFORMATION	
COMPANY/ORGANIZTION NAME:	NAME WILL APPEAR ON HEALTH PERMIT)
	NAME WILL APPEAR ON HEALTH PERMIT)  EMAIL:
MAILING	
	ALT. PHONE:
I have read and can comply with the attached guidel these requirements may be referred to the Health De	ines for Temporary Food Service operations. Questions regarding epartment.
APPLICANT'S SIGNATURE:	DATE:
** PLEASE DO I	NOT WRITE BELOW THIS LINE **
FEE: <u>\$50.00</u>	<b>ATTENTION! BAKE SALES:</b>
☐ EXEMPT (NON-PROFIT ORGANIZATION)	Health permits are not issued for bake sales.
APPROVED BY:	Sponsors are encouraged to contact the Health Department for guidelines for safe food handling.
HEALTH AUTHORITY	
COMMENTS:	