



**CITY OF DECATUR, TEXAS**

1601 S. State Street Bldg C Decatur, TX 76234  
Phone 940-393-0250 \* Fax 940-626-4629

<b>TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION</b>	
Permit #:	_____
Permit Fee: \$	_____
Received by:	_____
<b>*Permit fees are non-refundable</b>	

**A COMPLETED APPLICATION MUST BE RECEIVED A MINIMUM OF 3 FULL BUSINESS DAYS PRIOR TO EVENT**  
**TEMPORARY PERMITS ARE ONLY VALID FOR A MAXIMUM 14 CONSECUTIVE DAYS**  
**TO REQUEST A FEE WAIVER, 501c3 TAX EXEMPTION PAPERWORK MUST BE ATTACHED**  
**PLEASE PRINT LEGIBLY OR TYPE APPLICATION INFORMATION**

**EVENT INFORMATION**

NAME OF SPECIAL EVENT: \_\_\_\_\_

ADDRESS OF EVENT: \_\_\_\_\_  
Street City State Zip

DATE(S) OF EVENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TIME(S) OF EVENT: FROM: \_\_\_\_\_ a.m. / p.m. TO: \_\_\_\_\_ a.m. / p.m.

*Food service must be set up a minimum of 30 minutes prior to start of event*

**APPLICANT INFORMATION**

NAME OF FOOD BOOTH OR BUSINESS: \_\_\_\_\_

OWNER/CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PERSON IN CHARGE ON SITE: \_\_\_\_\_ PHONE: \_\_\_\_\_

***ALL FOODS MUST BE PREPARED ON SITE OR AT A PERMITTED FACILITY***

<b><i>FOOD ITEMS TO BE SERVED*</i></b>	<b><i>PLACE OF PREPARATION AND STORAGE</i></b>

***\* Note: Only authorized food and beverages listed above may be served.***

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Temporary Food Establishment Permit and **CLOSURE** of the establishment.

\_\_\_\_\_  
Print Name of Applicant Signature of Applicant Position Date

***Below this line is for Environmental Health Services office use only***

\_\_\_\_\_  
APPROVED BY DATE OF APPROVAL