Greenville

FOR OFFICIAL USE ONLY

Permit #: _____

Issued: _____

Temporary
Food Establishment Permit Application

Applicant Information

Please Print Legibly

Name of Organization: _____

Address: _____
Street City State Zip

Person in Charge on-site: _____ Phone No.: _____

E-mail Address: _____

Event Information

Event Name: _____ Dates of Event: _____ to _____

Address: _____ Time of Event: _____ to _____

Expected Number of People to attend: _____ Time of food booth set up: _____

Coordinator: _____ Phone #: _____

Food Preparation/Service area: ☐ Outside ☐ Indoors

Food/Beverage

List all food & beverage to be prepared/served/sold. Items not approved below may not be offered for consumption.

Menu Items	Place of Storage/Preparation	Equipment: Cooking, Hot/Cold Holding

*No food or beverage stored or prepared in a private home may be offered for sale, sold, or given away from a temporary food facility.

Food/Beverage Suppliers: _____

Food Preparation prior to the event? ☐ Yes ☐ No

If Yes, list name and address of location. _____
Permitted Facility (restaurant) Address

Submit a copy of the Health Permit and most recent inspection if outside the city limits of Greenville, TX.

Facility Requirements for Pre-Operation

Metal Stem Thermometer	Utensil washing facility
Invoices for purchased foods/beverage from approved sources	Sanitizer (for surfaces and warewashing)
Hand wash facility with hand soap and paper towels	Approved Water Source
Disposable Gloves	Approved Structure (overhead protection, floor coverings required for grass/dirt surfaces)
Hair Restraints	

NOTICE TO APPLICANT;

The application and $75 permit fee must be submitted at least three (3) days prior to the event. Temporary events that are for charity, church, or non-profit organizations are exempt from the fee but **ARE** subject to all other provisions. Permit fees are non-refundable. The permit must be posted in view of consumer.

In consideration of this permit, I understand and agree to familiarize myself and comply with all laws and ordinances applicable to operation of said business and further agree to permit unrestricted access to an authorized representative of the Health Department for the purpose of conducting inspections necessary to verify compliance with applicable regulation. I certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Regulatory Authority may nullify the permit.

_____ _____ _____
Signature Title Date

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