

Permit Fee \_\_\_\_\_

Permit # \_\_\_\_\_



# City of Lake Jackson Temporary Food Establishment Permit

Event \_\_\_\_\_ Sponsor \_\_\_\_\_  
 Date(s) of Event \_\_\_\_\_ Time of Operation: From \_\_\_\_\_ To \_\_\_\_\_  
 Location of Event (Street Address) \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Responsible Person \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Cell # \_\_\_\_\_

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Applicant's D L # \_\_\_\_\_ State \_\_\_\_\_  
 Email Address \_\_\_\_\_

Do you operate Food Establishments at other locations? Yes  No   
(Circle One)

If Yes, proved names and addresses: \_\_\_\_\_

Food Items to be Served	Source/Vender	Place of Preparation	Transporting/ cold holding facilities	Cooking Equipment	Hot Holding Facilities

*The information provided on this application is accurate. This establishment agrees to comply with the Codes adopted by the City of Lake Jackson and is aware of the right to access to the Regulatory Authority as specified within the Health Codes. This permit is limited to the foods listed above and valid only for the dates of the event.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature