



# GARLAND

## HEALTH

Health Department  
1720 Commerce St.  
Garland, TX 75040  
(972) 205-3460  
(972) 205-3505 Fax

### HEALTH DEPT OFFICE USE ONLY

Fee: \$0 \$50 Recv'd Date: \_\_\_\_\_

Recv'd By/ Receipt #: \_\_\_\_\_

Approved / Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Pickup\_\_\_ Mail\_\_\_ Inspection \_\_\_ Delivered \_\_\_

## TEMPORARY FOOD SERVICE PERMIT APPLICATION

**Application must be completed in its entirety prior to permit issuance.**

Name of Event: \_\_\_\_\_

Dates of Event: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Time of Operation: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Name of Organization Conveying Food: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Person's TX Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

<u>Food Items to be served:</u> All Food/Drinks <i>must</i> be listed	<u>Place of Preparation:</u>	<u>List Equipment to be used for maintaining temperature:</u> (If needed)
1.		
2.		
3.		
4.		
5.		
6.		

***If conveying foods other than: drinks, baked goods, candy, chips, ice cream, snow cones, fresh fruit and vegetables, or popcorn, applicant must complete the reverse side of this application.***

Describe handwashing facilities: \_\_\_\_\_

Describe utensil-washing facilities: \_\_\_\_\_

Describe wastewater disposal site and method of collection: \_\_\_\_\_

Describe location and type of toilet facilities: \_\_\_\_\_

Overhead Protection Used: \_\_\_\_\_

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