



# CITY OF LAKE JACKSON

25 OAK DRIVE • LAKE JACKSON, TEXAS 77566-5289 • 979-415-2430 • FAX 979-415-2530

The Catering Application must be completed and returned with the following:

1. Certified Food Manager's Certificate
2. A copy of your food establishments health license
3. License fee (\$125.00) per year (waived if you operate a licensed food establishment in the city of Lake Jackson)
4. A copy of your menu

If you do not own the commercial kitchen where you prepare and cook your food, you must have a signed/dated letter from the owner of the commercial kitchen stating you are allowed to use their establishment to prepare and cook your food for your catering business.

The Notification of a Catered Event form must be filled out and turned in to the Health Department before attending each event.

Your catering license must be displayed to the public during all catered events.

Please make checks payable to:  
City of Lake Jackson, 25 Oak Dr., Lake Jackson, TX 77566

Thank you,

Leslie Cancino  
Health Inspections  
Code Enforcement  
979-415-2430  
lcancino@lakejacksontx.gov

Revised 5/18/2020

*There must be a certified Food Manager **on staff**. (per City Ordinance)*



# Notification of a Catered Event

City of Lake Jackson Health Department  
25 Oak Drive, Lake Jackson, Texas 77566  
(979) 415-2430 FAX (979) 415-2530

**This form must be filled out and returned to the Health Department (via fax or mail) for every catered event within the City of Lake Jackson.**

Name/Type of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time of Event: From \_\_\_\_\_ To \_\_\_\_\_

Address/Location of Event: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Catering Business Name: \_\_\_\_\_

Catering Business License #: \_\_\_\_\_

Number of Persons to be Served: \_\_\_\_\_

## Menu Items to be Served

---

---

---

---

---

---

---

---

---

---

*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

Permit fee \$125.00

Approved by \_\_\_\_\_

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



# Application for Catering License

City of Lake Jackson Health Department  
25 Oak Drive - Lake Jackson, Texas 77566  
(979) 415-2430 FAX (979) 415-2530

Establishment's Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Applicant's D L #: \_\_\_\_\_ DL State: \_\_\_\_\_

Type of Ownership: Association\_\_\_ Corporation\_\_\_ Individual\_\_\_ Partnership\_\_\_ Other\_\_\_\_\_

**Please answer the following questions:**

1. What agency currently licenses and inspects your commissary? \_\_\_\_\_
2. Are any of your menu items prepared with Potentially Hazardous Food? \_\_\_\_\_
3. Are PHF cooked, held and reheated? \_\_\_\_\_
4. Are PHF prepared and held before service? \_\_\_\_\_
5. How do you transport foods requiring cold temperatures below 41oF? \_\_\_\_\_
6. How do you transport foods requiring hot temperatures above 135oF? \_\_\_\_\_
7. What means do you use to properly reheat food at the catering site? \_\_\_\_\_
8. What means do you use to maintain proper hot hold at the catering site? \_\_\_\_\_
9. What means do you use to maintain proper cold hold at the site? \_\_\_\_\_
10. Are PHF made available for self service? \_\_\_\_\_
11. Are any foods completely prepared at the catering site?  
If yes to #11, please list foods: \_\_\_\_\_
12. How many of your employees are trained food handlers? \_\_\_\_\_

**Owner of this Establishment:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please print - email will be used for informational purposes only. You will not receive spam emails from the City of Lake Jackson.*

**Person Directly Responsible for this Establishment: (Manager, etc.)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please print - email will be used for informational purposes only. You will not receive spam emails from the City of Lake Jackson.*

**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.**

\_\_\_\_\_  
Date Signature

**\*\*Note: Must attach a copy of a current Food Service Sanitation Certificate.\*\***  
*There must be a certified Food Manager on staff. (per City Ordinance)*