

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