



City of Wichita Falls

For Office Use Receipt No. _____ Date Rcvd. _____
---

# Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

## TEMPORARY FOOD SERVICE APPLICATION \$30 (Non-Profit Event) or \$50 (For Profit Event)

These events last no more than seven consecutive days and applicants are limited to seven (7) temporary event permits per year. No annually permitted establishment shall allow temporary event food vending at their site unless a temporary event application has been submitted to the regulatory authority.

**PRINT**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Event Location / Street: \_\_\_\_\_ Phone # during event: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Food Handlers Card Expiration Date: \_\_\_\_\_

**Date and Time of Set up:** \_\_\_\_\_ **Serving Time:** \_\_\_\_\_

FOOD ITEMS TO BE SERVED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOOD ITEMS PURCHASED AT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOOD ITEMS PURCHASED BY: \_\_\_\_\_  
\_\_\_\_\_

**INDICATE HOW COMPLIANCE WITH FOOD STORAGE TEMPS WILL BE ACHIEVED:**

Cold Holding Method: \_\_\_\_\_

Hot Holding Method: \_\_\_\_\_

Food protection: \_\_\_\_\_

Thermometers: \_\_\_\_\_ Chlorine test kit: \_\_\_\_\_

Hand wash facilities: \_\_\_\_\_

Method of waste disposal (liquid): \_\_\_\_\_ (solid): \_\_\_\_\_

DATE: \_\_\_\_\_ **PERMIT EXPIRATION DATE:** \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ Jan.2015