



Madison County Rural Development



101 West Main - Rm
Madisonville, TX 77864
936-348-3810 or 936-349-6148
don.grooms@madisoncountytexas.org

**REGULATORY LICENSING UNIT
TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION
(Health and Safety Code, Chapter 437)**

TEMP-SINGLE

PERMIT #:

NOTE: IF THE EVENT IS TO BE HELD IN AN AREA PERMITTED AND INSPECTED BY A COUNTY OR PUBLIC HEALTH DISTRICT, DO NOT COMPLETE THIS APPLICATION. YOU MUST CONTACT THAT AGENCY FOR PERMITTING PROCEDURES.

This application must be received by the Department at least 30 days prior to the event.

Name under which Business is operated (DBA): _____		
Name of Applicant: _____		
Address of Applicant: _____		
<i>Mailing Address</i>	<i>City and State</i>	<i>Zip Code</i>
Telephone Number of Applicant: _____	Applicant Email Address: _____	
Event Name: _____		
Event Address _____		
<i>Address</i>	<i>City</i>	<i>Zip Code</i>
Event Start Date: _____	Event End Date: _____	
Event Sponsor/Organizer: _____		
Sponsor/Organizer Address: _____		
<i>Address</i>	<i>City</i>	<i>Zip Code</i>
Event Contact Person and Phone Number: _____		
<i>Name</i>	<i>Area Code and Phone Number</i>	
List Foods to be Prepared: _____		
Food Preparation Address and/or service area: _____		
<i>Address</i>	<i>City</i>	<i>Zip Code</i>
<input type="checkbox"/> Temporary Food Establishment Permit (Non-refundable) _____ \$52.00* per event Permit is valid for 14 consecutive days from the initial effective date. (Per individual food booth/unit)		
Exemption - Nonprofit as a 501(C) Organization. You must possess a (501(C)) exemption under the Internal Revenue Code, or be a religious organization meeting the definition of a church under the Internal Revenue Code, '170(b)(1)(A)(i).		
VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.		
Printed Name of Applicant _____	Title _____	
Signature of Applicant _____	Date _____	