

Madison County
Department of Retail Foods

300 West School St. Rm. 104
Madisonville, TX. 77864
Phone 936-349-6148 Fax 936-348-2152
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: _____

Mailing Address

City & State

Zip Code

Telephone Number of Applicant: _____ Applicant Email Address: _____

Event Name: _____

Event Address: _____

Address

City

Zip Code

Event Start Date: _____ Event End Date: _____

Event Sponsor/Organizer: _____

Sponsor/Organizer Address: _____

Address

City

Zip Code

Event Contact Person & Phone Number: _____

Name

Area Code & Phone Number

List Foods to be Prepared: _____

Food Preparation Address and/or service area: _____

Address

City

Zip Code

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 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 certificates 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 _____