

**Madison County**  
**Department of Retail Foods**

101 West Main St., Ste B-9 Madisonville, TX 77864  
Phone (936) 349-5640

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

TEMP – SINGLE
Permit # _____

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- ❖ 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.
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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*

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- Temporary Food Establishment Permit (Non-refundable) -----\$52.00 per event  
The 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 with Internal Revenue Code 170(b)(1)(a)(i).
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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