

TEMPORARY FOOD VENDOR APPLICATION FORM

PLEASE RETURN APPLICATION AND FEE OF \$75.00 TO 211 N HENRY STREET, LANCASTER, TX 75146

Date:		
Special Event Name: Date of Event:		f Event:
Location of Special Event:		
Name of Food Vendor:		
Applicant's Name:		
Last	First	M.I.
Phone No.:	Email:	
Food Type: Restricted (pre-packaged foo Unit Type: Motor Vehicle		ricted (open foods)
Name of <u>ALL</u> Certified Food Handler(s): Curre	nt license(s) must be provided	
Please attach a menu of items to be sold at everat the booth.	ent or list items in detail. Items	listed will be the only items sold
Other items needed: Written permission fro	m property owner, Copy of c	urrent driver's license
This is only an application . The permit will be inspection passes. Failure to pass the inspection You must contact Dallas County Health prior to Dallas County Health Inspections can be reach	on will result in your inability to the event to discuss your booth	operate at the Special Event.
I hereby certify that I am an authorized agen contained herein to be true and correct.	t of the named business, and	I know the information
Applicant's Signature	Print Name	Date

Updated 06-19-2019