Booth Responsible Party Identification

Each individual booth operator or responsible party is required to complete and submit the following form as part of a complete application. Please print and use additional sheets if applicable.

Please email form to ops@acsshows.com "Austin Bridal - Health Permit"

Booth Responsible Party: _____

Booth Name: _____
(Ex. Business Name or Name for individual booth)

Is this a mobile vending unit? ☐ Yes ☐ No **Where is the mobile vending unit permitted?** _____
**Supervisor approval may be required*

Type of food/beverages to be served (check all that apply):

☐ Hot foods: _____

☐ Colds foods: _____

☐ Beverages: _____

The food will be obtained from the following approved sources (check all that apply):

☐ I operate from/own a permitted food facility (such as a restaurant).

Food Facility Name: _____

Food Facility Address: _____
Address **City** **State** **Zip**

☐ I will purchase food from a permitted food facility (such as a grocery store or restaurant) on the day of the event and bring the food directly to the event. **I will maintain my receipts from the purchase on-site at the event for verification.**

Food Facility Name: _____

Food Facility Address: _____
Address **City** **State** **Zip**

I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin Public Health. I understand that, as a condition of my operation at this event, I am responsible to ensure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and ensure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin or in Travis County Precinct Court. I understand that such a complaint may result in a fine of up to $2,000 on conviction.

Signature: _____ **Printed Name:** _____ **Date:** _____

Mailing Address: _____
Address City State Zip

Driver's License: _____ **Date of Birth:** _____ **Phone Number:** _____
DL # State

NO HOME-PREPARED FOODS ALLOWED