Austin Public Health
Environmental Health Services

P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Customer Portal, online submissions:
https://myhealthdepartment.com/aph
Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not Mailing Address)

FOR OFFICE USE

Received _____ **Paid On:** _____ **Check #:** _____ **Amount:** _____ **Receipt:** _____

Initial: _____ **Issue On:** _____ **Expires On:** _____ **Permit:** _____ **Juris: COA / TC / ILA**

Temporary Food Event Application

Event Information

Event Name: _____ Total Booths:_____

Event Street Address: _____

City: _____ State: _____ Zip Code: _____

Event Start Date: _____ Event End Date: _____ Event Hours: _____

Set Up Hours: _____

Event Organizer Responsibilities

- The temporary event organizer **(not the individual booth operator)** is required to obtain all necessary Temporary Food Booth Permits for each booth at the event.
  - ***The event organizer must be the booth responsible party unless the event organizer designates another person in writing (see Booth responsible Party Identification page #3).***
- Food booth(s) must be set-up and ready for inspection at the hours listed under the Hours of Operation for each day.
- Event organizers are responsible for verifying permitting requirements from other City of Austin Departments. Contact Austin Center for Events by phone (512)-974-1000 for more information.

******Attach a Clear Copy of a Valid Government Issued Photo ID for the Event Organizer******

Organizer Name: _____ Are you a Charitable Feeding Organization? Yes No

Organization Name (for Charitable Feeding Applicants): _____
Additional documentation may be required.

Mailing Street Address: _____
City ***State*** ***Zip Code***

Driver's License #: _____ State: _____ DOB: _____

Phone: _____ Email Address: _____

Fee Information

City of Austin	**Contracted Municipalities** Inter Local Agreement (ILA)	**Travis County (TC)** (Unincorporated)
1-14 Calendar Days $62 each booth	1-14 Calendar Days $62 each booth	1-14 Calendar Days $ 52 each booth

Expedite Fee $120 per booth
(Submitted less than 10 calendar days prior to the date of the event) ****Not applicable for Travis County***

	City of Austin	**Contracted Municipalities[1] (ILA)**	**Travis County (Unincorporated)**
Fee Exemptions Reasons *Based on Jurisdiction of Event Location*	☐ Social Services Contract ☐City of Austin sponsored ☐Public/Charter School ☐Charitable Feeding Organization	N/A	☐ Non-Profit Organizations ☐ Public/Charter School

Must provide supporting documentation to be eligible for Fee Exemptions.

I hereby certify that I have received the guidelines for temporary food service requirements provided by 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—the event organizer and/or the booth operator—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.

Applicant's Signature Print Name Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishment.

Individual Booth Listing (*Required for each booth, use additional sheets as needed*)

Booth Name: ____

Food/Beverage Offered: ____
Example: Hot Foods; Cold Foods; Cold Beverages; Non-Time/Temperature Controlled foods for Safety (TCS)

Is this a Mobile Vending Unit? Yes No

If Yes, Mobile Vending Unit Name: ____

Where is the Mobile Vending Unit Permitted: ______________________________________

Mobile Vending VIN: ______________________ Will your booth be set up outside your unit? Yes No

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Booth Name: ____

Food/Beverage Offered: ____
Example: Hot Foods; Cold Foods; Cold Beverages; Non-Time/Temperature Controlled foods for Safety (TCS)

Is this a Mobile Vending Unit? Yes No

If Yes, Mobile Vending Unit Name: ____

Where is the Mobile Vending Unit Permitted: ______________________________________

Mobile Vending VIN: ______________________ Will your booth be set up outside your unit? Yes No

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Booth Name: ____

Food/Beverage Offered: ____
Example: Hot Foods; Cold Foods; Cold Beverages; Non-Time/Temperature Controlled foods for Safety (TCS)

Is this a Mobile Vending Unit? Yes No

If Yes, Mobile Vending Unit Name: ____

Where is the Mobile Vending Unit Permitted: ______________________________________

Mobile Vending VIN: ______________________ Will your booth be set up outside your unit? Yes No

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Booth Name: ____

Food/Beverage Offered: ____
Example: Hot Foods; Cold Foods; Cold Beverages; Non-Time/Temperature Controlled foods for Safety (TCS)

Is this a Mobile Vending Unit? Yes No

If Yes, Mobile Vending Unit Name: ____

Where is the Mobile Vending Unit Permitted: ______________________________________

Mobile Vending VIN: ______________________ Will your booth be set up outside your unit? Yes No

Booth Responsible Party Identification

Booth Responsible Party for each booth that the event organizer is not responsible for in this event. Provide all the information requested. ***Print and use additional sheets if applicable.***

1. Booth Name: _____

   Food/Beverage: _____
2. Booth Name: _____

   Food/Beverage: _____
3. Booth Name_____

   Food/Beverage: _____
4. Booth Name: _____

   Food/Beverage: _____
5. Booth Name: _____

   Food/Beverage: _____
6. Booth Name: _____

   Food/Beverage: _____
7. Booth Name: _____

   Food/Beverage: _____
8. Booth Name: _____

   Food/Beverage: _____
9. Booth Name: _____

   Food/Beverage: _____
10. Booth Name: _____

    Food/Beverage: _____
11. Booth Name: _____

    Food/Beverage: _____
12. Booth Name: _____

    Food/Beverage: _____
13. Booth Name: _____

    Food/Beverage: _____
14. Booth Name: _____

    Food/Beverage: _____
15. Booth Name: _____

    Food/Beverage: _____

By submitting this form, the event organizer has confirmed with each booth operator, that they are responsible for their individual booth, and they have agreed to provide their information.