

*FOR OFFICE USE*

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 Initial: \_\_\_\_\_ Issue On: \_\_\_\_\_ Expires On: \_\_\_\_\_ Permit: \_\_\_\_\_ Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES DIVISION

P.O. BOX 142529 Austin, TX 78714  
 Phone (512) 978-0300 Email: [ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)  
<http://www.austintexas.gov/ehsd>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

**Temporary Food Event Application**

**\*\* Submit at least 10 calendar days prior to the event date. \*\***

**Responsibilities & Acknowledgements (Initials Required)**

**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.
- Food booth(s) must be set-up and ready for inspection at the hours listed under the Hours of Operation for each day.

**Application Submission**

- Applicants submitting in person must pay at time of submission.
- Applicants submitting by email will be contacted by phone for a credit card payment.
- **Travis County applications may only be submitted in person and can only be paid by cash or check.**

**Application Deadline**

- Submit completed applications to the department at least 10 calendar days prior to the scheduled event.
- Applications submitted less than 10 calendar days prior to the start of the event may not be approved and will be subject to a \$100.00 expedited review fee.

**Issue & Delivery**

- Permits are non-transferable
- Permits must be picked up in person, at the Walk-in Location. (1520 Rutherford Ln)
- Permits are available for pick-up Monday through Friday 7:45 AM to 3:30 PM.
- Individuals/Organizations may not obtain more than six (6) events per calendar year (Max 84 event days).

**Re-Issues**

- Permits may be reissued by the department due to schedule changes; subject to departmental discretion.
- Reissue requests and/or cancellations must be received within 24 hours of the event date and state a valid reason for the reissuance such as a 'rain out' or emergency cancellation.

I acknowledge that completion of this application does not guarantee a permit will be issued by the department. I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.

\_\_\_\_\_  
 Applicant Initials

**Terms & Definitions**

<b>Food Booth:</b>	Any stall or partitioned stand used to present, prepare, or provide food to the general public. (Typically 10 feet by 10 feet with tent and table set up.)
<b>Temporary Event:</b>	Any organized event or celebration that serves food or provides open beverage service taking place at a location for no more than 14 consecutive days in conjunction with an organized event or celebration.
<b>1 Booth, 1 Calendar Day, Single Event:</b>	A single event that lasts only one day and consists of only one booth, not connected to any other event taking place at the same location or same time.

**What to Submit with the Application**

- |   |                                    |
|---|------------------------------------|
| 1. Temporary Food Event Application       | Submit Page 1 & Page 2             |
| 2. Booth Responsible Party Identification | Submit 1 per food booth            |
| 3. Individual Booth Listing               | Submit as many sheets as necessary |
| 4. Valid Government Issued Photo ID       | Submit a clear copy                |



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### Temporary Food Event Application

**\*\* Submit at least 10 calendar days prior to the event date. \*\***

#### Event Information

Note: Incomplete applications **will not** be processed and will be returned

Event Name: _____	Total Booths: _____
Event Address: _____	_____
Street _____	City _____ State _____ Zip Code _____
Event Dates: _____	Hours of Operation: _____
Start Date (MM/DD/YYYY) _____	End Date (MM/DD/YYYY) _____

#### Event Organizer

Print full legal names as they would appear on a Government Issued Photo ID(s)

Organizer Name: _____	_____	_____
Last _____	First _____	Middle _____
Mail Address: _____	_____	_____
Street _____	City _____	State _____ Zip Code _____
Driver's License: _____	Date of Birth: _____	_____
DL # _____	State _____	MM/DD/YYYY _____
Phone Number: _____	Email: _____	_____
(###) ### - #####	Email addresses will not be distributed. (Internal use only)	

**\*\*\*\* Attach a Clear Copy of a Valid Government Issued Photo ID \*\*\*\***

#### Fee Information:

All temporary event application fees are **nonrefundable**.

	City of Austin	Contracted Municipalities <sup>1</sup> (ILA)	Travis County (Unincorporated)
<i>Number of Days/Booths</i>	<i>Pricing Structure Based on Jurisdiction of Event Location</i>		
1 Booth, 1 Calendar Day, Single Event <sup>2</sup>	\$57.00	\$57.00	N/A
1 - 5 Calendar Days, 1 or More Booths	\$114.00/Booth	\$114.00/Booth	\$98.00/Booth
6 - 14 Calendar Days, 1 or More Booths	\$172.00/Booth	\$172.00/Booth	\$145.00/Booth
Expedited Permit (Less than 10 days prior to the date of event)	\$100.00/Event	\$100.00/Event	N/A
<sup>1</sup> Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills			
<sup>2</sup> Price for single event with only 1 booth for 1 calendar day, not connected to any other event taking place at the same location, same time.			
	City of Austin	Contracted Municipalities <sup>1</sup> (ILA)	Travis County (Unincorporated)
<b>Fee Exemptions Reasons</b>	<input type="checkbox"/> Social Services Contract		<input type="checkbox"/> Non-Profit Organizations
<i>Based on Jurisdiction of Event Location</i>	<input type="checkbox"/> City of Austin sponsored	N/A	<input type="checkbox"/> Public/Charter School
	<input type="checkbox"/> Public/Charter School		

*Must provide supporting documentation to be eligible for Fee Exemptions.*

#### DO NOT MAIL CASH PAYMENTS

**Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX**

Make checks and money orders payable to: Austin Public Health  
 Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email ([ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)) please note that an EHSD representative will contact you by phone to collect a credit card payment.

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 establishments.

### 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.**

**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: \_\_\_\_\_

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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- 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: \_\_\_\_\_

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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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 insure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and insure 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

**Individual Booth Listing**  
**Food & Beverage Booth Information**

*List each booth participating in the event by name and provide a list of the food and/or beverages the booth will offer to the public. Print additional copies of the 'Food & Beverage Booth Information' sheet, if necessary.*

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: \_\_\_\_\_