

**CITY OF EDINBURG
TEMPORARY FOOD ESTABLISHMENT/ SPECIAL EVENT PERMIT**

EVENT: _____

LOCATION OF EVENT: _____

DATES OF EVENT: _____ TIME OF EVENT: _____ TIME OF FOOD SALE: _____

NAME OF CONCESSION OF BOOTH: _____ # OF BOOTHS: _____

APPLICANTS NAME: _____ PHONE #: _____ FAX #: _____

APPLICANTS ADDRESS: _____

DO YOU OPERATE FOOD ESTABLISHMENTS AT OTHER LOCATIONS? YES OR NO CIRCLE ONE

IF YES PROVIDE NAME AND ADDRESS: _____

Please list all foods to be served. Include how you plan to keep potentially hazardous foods, (meat, seafood, poultry, eggs, dairy items, cooked beans/rice/pasta). HOT (140 F+) or COLD (41F-) before and after cooking.

FOOD ITEM	OFF SITE PREP. YES OR NO	COOKING PROCEDURES (e. g. deep fry, grill, BBQ)	FOOD TEMPERATURE HOLDING METHOD

FACILITY NAME FOR OFFSITE PREP: _____

ADDRESS: _____ OFFSITE PREP. PHONE #: _____

HANDWASHING FACILITIES

As a minimum, you need 5 gallon container with a spigot, a bucket for wastewater; pump soap, and paper towels. Plumbed sink may be required.

UTENSILS WASHING FACILITIES: ON SITE: OTHER:

As a minimum you need two 5 gallon buckets one with detergent/water and one with chlorine/water (1 TBS/gal.) Plumbed sink may be required where there is extensive food preparation.

NO HOME FOOD PREPARATION OR STORAGE IS ALLOWED

I have read and understand and will comply with the Temporary Food Facility requirements.

Signature of Applicant _____ Date _____

FEE: _____

APPROVING INSPECTOR : _____