



# Application for Temporary Health Permit

## Gillespie County Health Division

126 West Main Street  
Fredericksburg, Texas 78624  
Phone: 830-997-7521  
Fax: 830-997-1861  
e-mail: kolfers@fbgtx.org

Vendor Name: \_\_\_\_\_

Representative / Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Event: \_\_\_\_\_ Event Location: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Types of food sold: \_\_\_\_\_

Recognized as a Non-Profit [501(c)(3)] Organization?      Yes       No

(For Office Use Only: Permit No.: \_\_\_\_\_ Fee Paid: \_\_\_\_\_)

In making application for a Temporary Health Permit, which is necessary to operate my business or organization, I understand and agree to comply with all Gillespie County Health Division city ordinances, county orders, and state laws that may govern the conduct or operation of my business.

Signature of Owner / Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

### **FEE MUST BE PAID 10 DAYS BEFORE EVENT OR INCUR \$20.00 LATE FEE**

Temporary Food Service Establishments	\$50.00 per event
(Good for fourteen (14) days) OR	or
(Good for one (1) calendar year,	\$110.00 per year
running January 1 through December 31)	

Non-Profit { 501(c)(3) } Organizations ~ No charge.

**MAKE CHECK PAYABLE TO:**  
City of Fredericksburg

**Mailing Address:**  
126 West Main St.  
Fredericksburg, Texas 78624  
Attn: Health Division