



TEMP 25v2
Permit: _____

TEMPORARY HEALTH PERMIT APPLICATION

Submit at least 10 calendar days before the event date to avoid late fee

No permits will be issued day of event.

Applications can be submitted online at

<https://www.fbgtx.org/1252/Temporary-Food-Establishment-TFE-Permits>

Mailing address: 126 West Main Street

Fredericksburg, Texas 78624

Physical Address: 1906 N. Llano St.

Phone: 830-997-2027

Fax: 830-997-1861

E-mail: Health@fbgtx.org

Vendor Name: _____ Booth Set-up Mobile Food Unit Other

Owner's Name: _____ E-mail: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Event: _____ Event Location: _____

(Application is due no later than 10 days before the event)

Date of Event: _____ End Date: _____ Hours of Event: _____

Types of food sold/given away: _____

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: _____ Permit Number: _____

Food Facility Address: _____

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: _____ Phone Number: _____

Food Facility Address: _____

Recognized as a Non-Profit [501(c)(3)] Organization? ***No fee due for Non-Profit [501(c)(3)] Organizations, proof required**

Yes No

Check below (Check all that apply):

- \$50.00 Per Event Valid for up to 14 days
- \$200.00 Per Year Valid January 1 through December 31
- \$20.00 Late Fee Applicable when making application fewer than 10 days before the event
- \$50 Expedited Fee Within 3 days of Temporary Event Date, No permits issued Day of Event

Application must contain each of the following to be considered complete.

- Completed and signed Application
- Check made payable to City of Fredericksburg
- Copy of valid Food Handlers certificate for an employee that will be on site
**Not required for non-TCS foods (Time and Temperature Control for Safety)*
- Copy of Food Manufacturer Permit when applicable

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: _____

For Office Use: Date Issued: _____ Delivery Method: _____ Permit Issued: _____

Payment Form: _____ Amount Due: _____ Late Fee: _____ \$50 Expedited Fee