



**BEE COUNTY COMMUNITY AFFAIRS DEPARTMENT  
TEMPORARY EVENT FOOD ESTABLISHMENT PERMIT**

Name under which Business is operated (DBA): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
*Address City and State Zip Code*

Telephone # of Applicant: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Name of Responsible Individual on site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Address: \_\_\_\_\_  
*Address City County Zip Code*

Is this event inside the city limits? ☐ **Yes** or ☐ **No**

Is this event a farmer's market? ☐ **Yes** or ☐ **No**

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

Event Sponsor/Organizer: \_\_\_\_\_

Sponsor/Organizer Address: \_\_\_\_\_  
*Address City Zip Code*

Event Contact Person & Telephone #: \_\_\_\_\_  
*Name Area Code and Phone Number*

List Foods to be Prepared: \_\_\_\_\_

Food Preparation Address and/or service area: \_\_\_\_\_  
*Address City Zip Code*

Adapted DSHA FORM EF23-10603

Revised 11/30/2021

**SEE FEE INFORMATION ON THE NEXT PAGE.**

**A PERMIT CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE**



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**FAILURE TO PROVIDE ALL INFORMATION REQUIRED WILL DELAY THE PERMIT.**

For information on compliance requirements, call (361) 621-1553.

**Temporary Food Establishment Permit (Non-refundable)----\$30.00 per event**  
(Per individual food booth/unit)

Permit is valid for three (3) consecutive days from the initial effective date (event start date).

Exemption - Nonprofit as a 501(C) Organization. You must possess a (501(C)) exemption under the Internal Revenue Code, or be a religious organization meeting the definition of a church under the Internal Revenue Code, 170(b)(1)(A)(I). Nonprofits are not required to complete this application. However, they must follow the Temporary Food Establishment Compliance Requirements. Please have proof of your nonprofit status available at the event.

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website [www.dshs.texas.gov](http://www.dshs.texas.gov) for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**VERIFICATION:** I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a sole proprietor, I certify I have filed the Assumed Name Certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 437 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 228 & 229, and agree to abide by them.

\_\_\_\_\_  
Printed Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date