



TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Town of Fairview
 HEALTH & FOOD SAFETY
 372 Town Place
 Fairview, TX 75069
 Main: 972.562.0522 Fax: 972.548.0268
 Email: permits@fairviewtexas.org
 Updated 11/06/2019

Permit #: _____
 Application Date: _____

This application **MUST** be completed before any **Health Permit** is issued.

TEMPORARY FOOD ESTABLISHMENT (\$100.00) – Includes Cottage Food Operations that offer samples. Fee must be paid prior to event.
*Complete this form to operate for a period not to exceed 14 days in conjunction with a single event.
 Placards must be posted conspicuously during the event.*

BUSINESS NAME/ORGANIZATION NAME: _____
 CONTACT PERSON: _____
 STREET ADDRESS: _____ CITY: _____ STATE: TX ZIP: _____
 TELEPHONE: (_____) _____ - _____ EVENT NAME: _____ EVENT DATES/TIMES: _____
 EVENT LOCATION(ADDRESS): _____ CITY: FAIRVIEW STATE: TX ZIP: 75069
 VENDOR OPERATING TIMES (DAYS/TIMES): _____

PLEASE ATTACH DETAILS FOR THE FOLLOWING: *Cottage Food Operations Require Items 1-7*

CHECK IF COOKING ONSITE CHECK IF SAMPLING

1. DRAWING SHOWING LAYOUT OF FOOD PREPARATION AREAS, ALL EQUIPMENT, HAND WASHING STATION, AND WAREWASHING STATION (WHERE APPLICABLE)
2. LIST ALL FOOD ITEMS INCLUDING DRINKS AND CONDIMENTS
3. LIST SEPARATELY ALL ITEMS SAMPLED AND DETAIL METHOD OF SAMPLING
4. WRITTEN APPROVAL FROM EVENT HOST
5. FOOD LABEL(S)
6. COTTAGE FOOD OPERATIONS MUST SUBMIT APPROVED RECIPES (REFERENCE SOURCE AND PAGE NUMBER), LABORATORY RESULTS, OR BATCH TESTING RECORDS FOR ACIDIFIED FOODS. MUST SUBMIT SAFE HANDLING INSTRUCTIONS FOR FROZEN AND UNCUT FRUIT OR VEGETABLES (IF APPLICABLE)
7. FOOD HANDLER CERTIFICATION
8. FOOD MANAGER CERTIFICATION (IF TIME/TEMPERATURE CONTROL REQUIRED FOR FOOD SAFETY)
9. PROOF OF FOOD ORIGIN (e.g. RECEIPTS, COMMERCIAL KITCHEN AGREEMENT)
10. FOOD MANUFACTURER LICENSE / STORAGE LICENSE
11. MANUFACTURER SPECIFICATION SHEETS OR PICTURES OF EQUIPMENT USED TO MAINTAIN PRODUCT

All information in this application (and attachments) is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances and/or State laws.

Applicant Name(printed) _____ Signature _____ Date _____