

CITY OF SAN ANTONIO
 SAN ANTONIO METROPOLITAN HEALTH DISTRICT
 TEMPORARY FOOD ESTABLISHMENT PERMIT
 APPLICATION



(Please Print)

Today's Date: _____

Name of Event: _____

Address of Event: _____

Event Sponsor: * _____

Address: _____ Telephone#: _____

On-site Coordinator: _____ Telephone#: _____

Starting: _____ Ending: _____ Total # Days: _____
(May be contacted during event)
Date Time Date Time

Number of Stands/Booths: _____

Items Being Sold: _____

Applicant's Signature: _____

NOTE: Payment of license fees will not constitute approval for operation unless Temporary Food Ordinance Standards are met. Permit fees are non-refundable. However, the date of the event may be rescheduled or the event may be canceled and rescheduled if the applicant makes a request to reschedule in person at the Development and Business Services Center at least two (2) business days prior to the event.

**May be asked to show proof of Sponsorship upon request*

For Office Information Only

Amount Paid: _____	Temporary Permit #'s: _____
Marr Number: _____	
Date Paid: _____	PERMIT # 14- _____

Sanitarian Signature: _____
(Approval if needed)