



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

1901 S. Alamo San Antonio, TX 78204
Phone (210) 207-8780 Fax (210) 207-6359

**TEMPORARY FOOD ESTABLISHMENT PERMIT
APPLICATION**

(Please Print)

Today's Date: _____

Name of Event: _____

Address of Event: _____

Event Sponsor:* _____

Sponsor Add: _____ Zip: _____ Telephone#: _____

On-site Coordinator: _____ Telephone#: _____

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

Number of Stands/Booths: _____

Items Being Sold/Given Away: _____

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 service center at least three (3) 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: _____
SAP Number: _____	_____
Date Paid: _____	_____

Sanitarian Signature: _____
(Approval if needed)