



116 W. Bridge Street, Granbury Texas 76048 – (817)573-9692

TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATIONS

The Health Department must receive applications at least one (1) week prior to the event. A late fee of one-half the permit fee will be assessed if the completed application and appropriate fee are not received within two full working days prior to the event.

Event Name _____ Location _____
 Event Coordinators Name _____ Phone _____
 Organization/Business Name _____ Phone _____
 Mailing Address _____
 Applicant Name _____ Phone _____
 Address _____
 Dates of Operation _____ Hours of Operation _____

Please list all foods to be prepared, where the food will be purchased, whether it is prepared off-site or on-site, and whether it will be held cold or hot. Attach an additional sheet if necessary. Only items listed will be approved for service. *Any changes must be approved prior to the event.*

Food/Beverage Item	Where Purchased	Off-Site Prep Y/N	On-Site Prep Y/N	Hot Holding Y/N	Cold Holding Y/N

Will Advanced Preparation of Food Occur? Yes No

Temperature Control

- Will Metal-Stem Thermometers (0-220°F) Be Used? Yes No
- What Type of Cold Holding Equipment Will Be Used?
 Refrigerator Freezer Other _____
- What Type of Cooking Equipment Will Be Used?
 Stove Oven Fryer Grill BBQ Other _____
- What Type of Hot Holding Equipment Will Be Used?
 Steam Table Oven Roaster Oven Other _____

5. On Site Power Source.
 Electricity Propane Other _____

Hand Washing Facilities In The Booth* Plumbed Sink Temporary Hand Washing Sink

**As a minimum, you must provide two (2) gallons of warm water in an insulated container with a spigot, a bucket for wastewater, pump-type liquid soap, and paper towels.*

Dish Washing Facilities 3-Compartment Sink 3 Wash Basins

Water Source Municipal Other _____

Wastewater Disposal Sewer Holding Tank Other _____

Garbage Disposal Method Cans Dumpster(s)

Restroom Facilities Must Be Within 200 Feet of the Booth. Describe location and type.

I certify by my signature, that I am the owner of the establishment or his/her designee. I further certify that I grant permission to allow the Health Officer and/or his/her representative(s) to enter said establishment at their discretion for the purpose of application, evaluation, pre-operational inspection, routine inspection or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of 25 TAC §§ 229.161-229.171, 229.173-229.175, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with the City of Granbury regulations and 25 TAC §§ 229.161-229.171, 229.173-229.175. In the event of suspension or revocation of my food service permit, I will be required to immediately cease and desist all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

Applicant's Signature

Date

Fees: All food booths types/risk:

A) First day: \$35.00

B) Additional Days: \$ 15 per day

FOR DEPARTMENT USE ONLY

ITEMS DISCUSSED WITH APPLICANT:

<input type="checkbox"/> Transport of food to site	<input type="checkbox"/> Proper Glove Use	<input type="checkbox"/> Hot Holding	<input type="checkbox"/> Dish Wash Set-up
<input type="checkbox"/> Booth Construction	<input type="checkbox"/> Sanitizer Used	<input type="checkbox"/> Utensil Use/Availability	
<input type="checkbox"/> Hand Wash Set-Up	<input type="checkbox"/> Thermometer Use	<input type="checkbox"/> Condiment Dispensing	
<input type="checkbox"/> Hand Washing Procedure	<input type="checkbox"/> Cold Holding		