



License # \_\_\_\_\_

City of Beaumont Public Health Department  
Environmental Health Division  
950 Washington Boulevard, Beaumont, Texas 77705  
phone: (409) 832-7463, fax: (409) 212-9589

**TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION**

Name of Sponsoring Organization: \_\_\_\_\_

Proposed Date of Operation: \_\_\_\_\_ thru \_\_\_\_\_

Address of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

INSPECTION TIME: \_\_\_\_\_

Type of Permit Requested (Check One):

1. \_\_\_\_\_ **TEMPORARY FOOD ESTABLISHMENT**

N Complete **Middle** Column on page 2 of this form

2. \_\_\_\_\_ **SPECIAL EVENT FOOD ESTABLISHMENT (6 or more booths)**

N Complete **All** Columns on page 2 of this form

<b>FEE:</b>	<b>CHECK APPROPRIATE FEE BELOW</b>	<b><u>PLEASE HAVE CORRECT CHANGE</u></b>
	<b>TEMPORARY FOOD ESTABLISHMENT</b>	9 \$33.00
	<b>DISCOUNT (IF APPLICABLE)</b> Youth & Elderly	9 \$16.50
	<b>SPECIAL EVENT FOOD ESTABLISHMENT</b>	9 \$220.00 PER DAY

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

OFFICE USE ONLY:

DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED BY: \_\_\_\_\_

INPUT DATE: \_\_\_\_\_

CLERK'S INITIAL: \_\_\_\_\_

