

FOR OFFICE USE

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**AUSTIN PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES DIVISION**

P.O. BOX 142529 Austin, TX 78714

Phone (512) 978-0300

My HD Online application: <https://myhealthdepartment.com/APH>

Web site: <http://www.austintexas.gov/ehsd>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Temporary Food Event Application

**** Submit at least 10 calendar days prior to the event date. ****

Responsibilities & Acknowledgements (Initials Required)

Responsibilities

- The temporary event organizer (**not the individual booth operator**) is required to obtain all necessary Temporary Food Booth Permits for each booth at the event.
- Food booth(s) must be set-up and ready for inspection at the hours listed under the Hours of Operation for each day.
- Event organizers are responsible for verifying permitting requirements from other City of Austin Departments. Contact Austin Center for Events by phone (512)-978-0300 for more information.

Application Submission

- Applicants submitting in person must submit all required fees at time of submission.
- Applicants submitting via My HD will be sent an invoice to make their payment.
- Travis County applications can only be paid for by cash, check, or money order, either in person or by mail.**
- Submit completed applications to the department at least 10 calendar days prior to the scheduled event.
- Applications submitted less than 10 calendar days prior to the start of the event may not be approved and will be subject to a \$227.00 expedited review fee.

Issue & Delivery

- Permits are non-transferable
- Permits must be picked up in person, at the Walk-in Location. (1520 Rutherford Ln)
- Permits are available for pick-up Monday through Friday 7:45 AM to 3:30 PM.
- Individuals/Organizations may not obtain more than six (6) events per calendar year (Max 84 event days).

Re-Issues

- Permits may be reissued *by the department* due to schedule changes; subject to departmental discretion.
- Reissue requests and/or cancellations must be received within 24 hours of the event date and state a valid reason for the reissuance such as a 'rain out' or emergency cancellation.

_____ I acknowledge that completion of this application does not guarantee a permit will be issued by the department. I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.
 Applicant Initials

Terms & Definitions

Food Booth:	Any stall or partitioned stand used to present, prepare, or provide food to the general public. (Typically 10 ft by 10 ft with tent and table set up.)
Temporary Event:	Any organized event or celebration that serves food or provides open beverage service taking place at a location for no more than 14 consecutive days in conjunction with an organized event or celebration.
1 Booth, 1 Calendar Day, Single Event:	A single event that lasts only one day and consists of only one booth, not connected to any other event taking place at the same location or same time.

What to Submit with the Application

- | | |
|---|---|
| 1. Temporary Food Event Application | Submit Page 1 & Page 2 |
| 2. Booth Responsible Party Identification | Submit 1 per food booth |
| 3. Individual Booth Listing | Submit one page 3 if event organizer is responsible |
| 4. Valid Government Issued Photo ID | Submit a clear copy |



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P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Customer Portal: <https://myhealthdepartment.com/aph>
<http://www.austintexas.gov/ehsd>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Temporary Food Event Application

**** Submit at least 10 calendar days prior to the event date. ****

Event Information

*Note: Incomplete applications **will not** be processed and will be returned*

Event Name: _____		Total Booths: _____	
Event Address: _____			
Street	City	State	Zip Code
Event Dates: _____		Event Hours: _____	
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)		Set-up Hours: _____	

Event Organizer

Print full legal names as they would appear on a Government Issued Photo ID(s)

Organizer Name: _____			
Last	First	Middle	
Are you a Charitable Feeding Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Organization Name: _____	
<small>*Additional documentation required</small>			
Mail Address: _____			
Street	City	State	Zip Code
Driver's License: _____		Date of Birth: _____	
DL # State		MM/DD/YYYY	
Phone Number: _____		Email: _____	
(###) ### - #####		Email addresses will not be distributed. (Internal use only)	

****** Attach a Clear Copy of a Valid Government Issued Photo ID ******

Fee Information:

*All temporary event application fees are **nonrefundable**.*

	City of Austin	Contracted Municipalities ¹ (ILA)	Travis County (Unincorporated)
<i>Number of Days/Booths</i>			
	<i>Pricing Structure Based on Jurisdiction of Event Location</i>		
1 Booth, 1 Calendar Day, Single Event ²	\$75.00	\$75.00	N/A
1 - 5 Calendar Days, 1 or More Booths	\$280.00/Booth	\$280.00/Booth	\$98.00/Booth
6 - 14 Calendar Days, 1 or More Booths	\$303.00/Booth	\$303.00/Booth	\$145.00/Booth
Expedited Permit (Less than 10 days prior to the date of event)	\$227.00/Event	\$227.00/Event	N/A

¹Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills
²Price for single event with only 1 booth for 1 calendar day, not connected to any other event taking place at the same location, same time.

	City of Austin	Contracted Municipalities ¹ (ILA)	Travis County (Unincorporated)
Fee Exemptions Reasons <i>Based on Jurisdiction of Event Location</i>	<input type="checkbox"/> Social Services Contract <input type="checkbox"/> City of Austin sponsored <input type="checkbox"/> Public/Charter School <input type="checkbox"/> Charitable Feeding Organization	N/A	<input type="checkbox"/> Non-Profit Organizations <input type="checkbox"/> Public/Charter School

Must provide supporting documentation to be eligible for Fee Exemptions.

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted:

City of Austin and ILA Jurisdiction: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Unincorporated Travis County Jurisdiction: Cash, Check, Money Order

Make checks and money orders payable to: Austin Public Health

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via Customer Portal: <https://myhealthdepartment.com/aph>, payment instructions will be emailed to you to make credit card payment over the phone for City of Austin and ILA jurisdictions.

Booth Responsible Party Identification

Each individual booth operator or responsible party is required to complete and submit the following form as part of a complete application. Please print and use additional sheets if applicable.

Booth Responsible Party: _____

Booth Name: _____
(Ex. Business Name or Name for individual booth)

Is this a mobile vending unit? ☐ Yes ☐ No **Where is the mobile vending unit permitted?** _____
**Supervisor approval may be required*

Mobile vending VIN number _____ **Will your booth set up be outside your unit:** ☐ Yes ☐ No
**Required for submission*

Type of food/beverages to be served (check all that apply) Please be general i.e (BBQ Meats, Condiments)

☐ Hot foods: _____

☐ Colds foods: _____

☐ Beverages: _____

The food will be obtained from the following approved sources (check all that apply):

☐ I operate from/own a permitted food facility (such as a restaurant).

Food Facility Name: _____

Food Facility Address: _____

Address City State Zip

☐ I will purchase food from a permitted food facility (such as a grocery store or restaurant) on the day of the event and bring the food directly to the event. **I will maintain my receipts from the purchase on-site at the event for verification.**

Food Facility Name: _____

Food Facility Address: _____

Address City State Zip

I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin Public Health. I understand that, as a condition of my operation at this event, I am responsible to ensure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and ensure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin, Travis County Precinct Court, or municipality where event is held. I understand that such a complaint may result in a fine of up to \$2,000 on conviction.

Signature: _____ **Printed Name:** _____ **Date:** _____

Mailing Address: _____
Address City State Zip

Driver's License: _____ **Date of Birth:** _____ **Phone Number:** _____
DL # State

Individual Booth Listing
Food & Beverage Booth Information

List each booth participating in the event by name and provide a list of the food and/or beverages the booth will offer to the public. Print additional copies of the 'Food & Beverage Booth Information' sheet, if necessary.

1.	Booth Name:	_____
	Food/Beverage:	_____
2.	Booth Name:	_____
	Food/Beverage:	_____
3.	Booth Name:	_____
	Food/Beverage:	_____
4.	Booth Name:	_____
	Food/Beverage:	_____
5.	Booth Name:	_____
	Food/Beverage:	_____
6.	Booth Name:	_____
	Food/Beverage:	_____
7.	Booth Name:	_____
	Food/Beverage:	_____
8.	Booth Name:	_____
	Food/Beverage:	_____
9.	Booth Name:	_____
	Food/Beverage:	_____
10.	Booth Name:	_____
	Food/Beverage:	_____
11.	Booth Name:	_____
	Food/Beverage:	_____
12.	Booth Name:	_____
	Food/Beverage:	_____
13.	Booth Name:	_____
	Food/Beverage:	_____
14.	Booth Name:	_____
	Food/Beverage:	_____
15.	Booth Name:	_____
	Food/Beverage:	_____