



**CITY OF PASADENA PUBLIC HEALTH DEPARTMENT**

P.O.BOX 672  
PASADENA, TEXAS 77501 • (713) 475-5529

**TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION**

**1 to 14 DAYS \$52.00**

**All permit fees are non-transferable and non-refundable**

Event: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of days: \_\_\_\_\_

Time of Operation: \_\_\_\_\_ to \_\_\_\_\_

Name of Temporary Food Establishment/Vendor: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you operate any other food establishments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide name and address \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: ONLY LISTED FOODS AND BEVERAGES ARE AUTHORIZED. NO FOOD PREPARED IN THE HOME KITCHEN IS ALLOWED. ALL FOODS MUST BE PREPARED ON SITE OR AT APPROVED FOOD SERVICE FACILITIES.**

FOOD ITEMS SERVED	PLACE PURCHASED	PLACE PREPARED & STORED

I certify that all information in this application is true. I understand that the permit issued is non-transferable, and that the permit remains the property of the City of Pasadena Health Department, and is subject to revocation if the establishment fails to comply with applicable city ordinances or state laws.

Applicant's Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* The City of Pasadena, Texas, does not discriminate on the basis of race, color, national origin, sex, religion, age, or the handicapped status in employment or the provision of services. \**