



HEALTH & FOOD SAFETY
 George A. Purefoy Municipal Center
 6101 Frisco Square Blvd. 3rd Floor
 Frisco, TX 75034
 T: 972-292-5304 F: 972-292-5313
 Email health@friscotexas.gov

Office Use Only:

Permit Number: _____

Application Date: _____

Start Date: _____

Expiration Date: _____

SHORT-TERM MERCHANT PERMIT APPLICATION

Complete this form to operate at pre-approved locations such as farmers markets. Placards must be posted conspicuously during the event.

<input type="checkbox"/> ANNUAL PERMIT \$100.00 Retail Food Vendors <input type="checkbox"/> LATE FEE \$50.00 Not received prior to 10 days of operation	<p style="text-align: center;">NO FEE \$0.00</p> <input type="checkbox"/> Non-Profits with proof of status <input type="checkbox"/> Producers / Onsite Sampling <input type="checkbox"/> Cottage Food Operations / Onsite Sampling <input type="checkbox"/> Educational Demonstrations
---	--

BUSINESS NAME: _____

OWNER NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: (____) _____ - _____ **EMAIL:** _____

VENUE / LOCATION NAME(S): _____

VENUE / LOCATION ADDRESS(ES): _____ **BOOTH #:** _____

PLEASE ATTACH DETAILS ON THE FOLLOWING: *Cottage Food Operations Require Items 1-7*

CHECK IF COOKING ONSITE CHECK IF SAMPLING

1. DRAWING SHOWING LAYOUT OF FOOD PREPARATION AREAS, ALL EQUIPMENT, HAND WASHING STATION, AND WAREWASHING STATION (WHERE APPLICABLE)
2. LIST ALL FOOD ITEMS INCLUDING DRINKS AND CONDIMENTS
3. LIST SEPARATELY ALL ITEMS SAMPLED AND DETAIL METHOD OF SAMPLING
4. WRITTEN APPROVAL FROM PROPERTY OWNER OR DESIGNEE
5. FOOD LABEL(S)
6. COTTAGE FOOD OPERATIONS MUST SUBMIT APPROVED RECIPES (REFERENCE SOURCE AND PAGE NUMBER), LABORATORY RESULTS, OR BATCH TESTING RECORDS FOR ACIDIFIED FOODS. MUST SUBMIT SAFE HANDLING INSTRUCTIONS FOR FROZEN AND UNCUT FRUIT OR VEGETABLES (IF APPLICABLE)
7. FOOD HANDLER CERTIFICATION
8. FOOD MANAGER CERTIFICATION (IF TIME/TEMPERATURE CONTROL REQUIRED FOR FOOD SAFETY)
9. PROOF OF FOOD ORIGIN (e.g. RECEIPTS, COMMERCIAL KITCHEN AGREEMENT)
10. FOOD MANUFACTURER LICENSE / STORAGE LICENSE
11. MANUFACTURER SPECIFICATION SHEETS OR PICTURES OF EQUIPMENT USED TO MAINTAIN PRODUCT TEMPERATURE

All information in this application (and attachments) is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances and/or State laws.

Applicant Name (printed) _____ Signature _____ Date _____