



DEVELOPMENT SERVICES

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](mailto:health@friscotexas.gov)

<i>Office Use Only:</i>	
<b>Permit Number:</b>	_____
<b>Application Date:</b>	_____
<b>Event Start Date:</b>	_____
<b>Event End Date:</b>	_____

## TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Complete this form to operate for a period not to exceed 14 days in conjunction with a single event. Placards must be posted conspicuously during the event.

- TEMPORARY FOOD ESTABLISHMENT (\$50.00)** – Includes Cottage Food Operations that offer samples. Fee must be paid prior to event.
- NO FEE (\$0.00)** – Cottage Food Operations with no sampling and Nonprofit Organizations with written proof of status.
- LATE FEE (\$50.00)** – Applies if received within ten (10) days of event.

**BUSINESS / ORGANIZATION NAME:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_ **EVENT DAYS / TIMES:** \_\_\_\_\_

**EVENT LOCATION (ADDRESS):** \_\_\_\_\_

**VENDOR OPERATING TIMES (DAYS / TIMES):** \_\_\_\_\_

- 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 EVENT HOST
  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 \_\_\_\_\_