



City of Mission Health Department

117 E. Tom Landry, Mission, TX 78572 Office: 956-580-8692

Permit Fee: \$20.00 per day

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Only Complete Original Application Will Be Accepted. Permit Fees are NOT REFUNDABLE

Separate Form and Permit Required for Each Temporary Food Establishment

All applications and fees must be received one week before the temporary event to avoid additional fees.

Name of Temporary Food Establishment: _____

Name of Owner: _____

Address of Responsible Owner: _____
(Address) (City) (State) (Zip) Telephone #

Texas Tax Permit Number or Non Profit Tax Number: _____
Copy must be attached

Date of Single Event or Celebration: Start day _____ End _____ Times: _____

Name of Single Event Celebration: _____

Location of Single Event Celebration: _____
(Street) (City) (State) (Zip) (Lot/Space #)

Coordinator's Address: _____
(City) (State) (Zip)

Contact person responsible for the Single Event or Celebration: _____
(Name) (Phone Number)

All proposed food products must be preapproved by the City of Mission Health Department prior to the opening of the food establishment
High risk foods that meet the definition of potentially hazardous foods require special approval.

All foods offered to the public must be from an approved source, proof of purchase documents must be available. All manufactured foods must be properly labeled, per the Food and Drug Administration, receipts are required.

Food Product Name	Place of Purchase	Equipment for Preparing Food

I acknowledge receipt of a copy of City of Mission guidelines for temporary food establishments and understand that failure to meet provisions for a temporary food establishment can result in citation for violations and penalties to be assessed in court. I certify that all facts stated in this application are true and correct.

Applicant's Name: _____ Signature: _____

FOR OFFICE USE ONLY	Permit # _____	Amount: _____	Cash / Check # _____
DATE APPLIED and Paid: _____		DATE APPROVED/Inspected _____	