



**FARMERS
BRANCH**

TEMPORARY/SEASONAL FOOD PERMIT APPLICATION
ENVIRONMENTAL HEALTH
972-919-2539

Permit Number: _____
Expiration Date: _____

Name of Event:	Dates: _____ to _____ Time: _____ to _____
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Location of Event:

Business Name:	Business Owner:	Phone #:
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Address:	Email:
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Food Protection Manager:	Phone #:
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Address:	Email:
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Food Items to be Served (Only listed foods and beverages may be authorized)	Place of Food Preparation and Storage (No home prep or storage of Time/temperature control for safety foods allowed)	Equipment used in Preparation of Food on Site

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS PERMIT AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED). ANY CHANGES WILL BE PROMPTLY FORWARDED TO THE ENVIRONMENTAL HEALTH DIVISION.

APPLICANT NAME:	SIGNATURE:
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CONTACT PHONE #:	DRIVER'S LICENSE #:
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Applicant is: **Business Owner** **Manager** **Other:**

FEE PAID:	R'CVD BY:	DATE:
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Approved _____ Denied _____

Comments: _____

RETURN APPLICATION TO:
City of Farmers Branch
Environmental Health Division
P.O. Box 819010
Farmers Branch, Texas 75381-9010