



**ENVIRONMENTAL HEALTH DEPARTMENT**  
 815 N. BROADWAY AVE.\* TYLER, TX 75702\*PHONE: (903)-535-0037\*FAX: (903)592-0413  
 WEB: [WWW.MYNETHEALTH.ORG](http://WWW.MYNETHEALTH.ORG) \*EMAIL: [EnvironmentalHealth@netphd.org](mailto:EnvironmentalHealth@netphd.org)

## Coordinator Application for a “Single Event or Celebration” with Temporary Food Vendors

**COORDINATOR APPLICATION FEE SCHEDULE**

Plan Review Fees for “single events & celebrations” are as follows	
Non-Profit Events	Fee Exempt
1 to 5 Food Vendors	<input type="checkbox"/> \$25.00
6 to 10 Food Vendors	<input type="checkbox"/> \$75.00
11 plus Food Vendors	<input type="checkbox"/> \$175.00
<b>Late Fee for Coordinator Applications submitted within 2 weeks of the event</b>	<input type="checkbox"/> \$100.00

**TX Health & Safety Code Chapter 437; TX Health & Safety Code Chapter 121; NET Health District Order 2023-1**

A “single event or celebration” occurs at one location once a month or less frequently. Events or activities that occur daily, weekly, or more frequently than once a month at a location are considered continuous operations and do not constitute a “single event or celebration”.

An activity must be recognized as a “single event or celebration” by the NET Health before a food vendor may apply to set up for the event. A Temporary Food Establishment may operate only in conjunction with a “single event or celebration” at a fixed location for a period of time not to exceed fourteen (14) consecutive days.

The Event Coordinator is responsible for crowd control, confirming application submittal of vendors, trash control, management of utilities, access to toilet facilities and traffic control. Coordinator Applications should be submitted 30 days prior to a “single event or celebration” to allow time for proper communication ahead of the event. Coordinator Applications submitted within 2 two weeks of the event are subject to late fees being assessed for expedited processing of paperwork.

A diagram of the layout of the event and identification of items 6 through 15 must be submitted with the application.

**Please contact your City or County as other permits approval or required.**

**Name of Event:** \_\_\_\_\_

**2. Location of Event:** \_\_\_\_\_

Name of Facility

Street Address

City

Zip

**3. Dates & Times of Event:** \_\_\_\_\_

**4. Name of Coordinator(s) Responsible for the Single Event or Celebration.**

Name	Address	Phone Number
EMAIL REQUIRED: _____		

**5. Name of the Coordinator on-site and how he/she can be contacted during entire event:**

Name	Address	Phone Number
EMAIL REQUIRED: _____		

**6. Number of Food Vendors:  1-5 vendors,  6-10 vendors,  11 plus vendors**

**7. List the name(s) all food vendors that will offer foods or beverages (consumables) to the public:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Each proposed Temporary Food Establishment must make application for a NET Health Temporary Food Establishment Permit. At least 7 days prior to the event or be subject to a \$100.00 administrative fee.

**7. Describe toilet facilities and number to be provided at the event, designate on diagram:**

\_\_\_\_\_

**8. Describe hand washing facilities for patrons, designate on the attached diagram:**

\_\_\_\_\_

**9. Indicate who will be responsible for their maintenance during the event:**

\_\_\_\_\_

**10. Describe Potable Water Supply: \_\_\_\_\_**

Coordinator must provide potable water supply

**11. Describe Wastewater Disposal System: \_\_\_\_\_**

Proper disposal site must be provided by coordinator

**12. Describe Electrical Power Supply: \_\_\_\_\_**

**13. Describe Garbage Disposal System: \_\_\_\_\_**

Proper disposal site must be provided by coordinator

**14. Describe Grease Disposal System for Temporary Food Vendors: \_\_\_\_\_**

Coordinator must provide proper disposal site

**15. Describe Parking accommodations: \_\_\_\_\_**



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**Statement:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Northeast Texas Public Health District may nullify final approval.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Photo Identification Number and picture

**Approval of these plans and specifications by NET Health does not indicate compliance with any other code, law or regulation that may be required (i.e., federal, state or local).**

**For approval, an applicant of a "Single Event or Celebration" must agree that NET Health, its officers and employees are indemnified against all claims of injury or damage to persons or property, whether public or private, arising out of "A Single Event or Celebration" or the "Temporary Food Establishment" operating in conjunction with a "Single Event or Celebration".**

FOR OFFICE USE ONLY

**Application Receipt**

Date Received: _____	Pmt. Method: _____	Amt. Owed: \$ _____	Amendment Fee: \$20 _____
Received By: <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Online		Date Entered _____	Permit #: _____
Menu: _____	CFM: _____	Sales Tax ID: _____	Fed. EIN: _____ 501(c)(3): _____ Ownership Info: _____
DL/ID for Coordinator: _____			
Event Diagram Received: _____ Revised Diagram Required.: _____ Diagram Approved: _____			

**Plan Review Process**

Reviewed with Operator on (date): \_\_\_\_\_ Reviewer: \_\_\_\_\_

APPROVED – NO CONDITIONS       APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist

NOT APPROVED – Reason:

\_\_\_\_\_

Date Plan Review Completed & Issued to Inspector: \_\_\_\_\_ Assigned To: \_\_\_\_\_