NET HEALTH
NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

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

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Food/Beverage Vendors, please read the following:

- *Original application will only be accepted if complete & accompanied by the correct fee, photo ID, & appropriate Tax Identification (Valid TX Sales Tax ID, Federal EIN, or proof of Non-Profit)*
- *Separate form and permit is required for **each** temporary food establishment.*
- *Applications and fees must be received **seven (7) days before** the 1st day of the temporary event to **avoid a late fee of $100.00**.*
- ***Permit fees are non-refundable.***
- *A Event Coordinator Application form must be submitted by the coordinator of the single event or celebration. Otherwise, your application may be null and void.*
- *Complex Menu items such as raw poultry, raw seafood or multiple prep steps require additional fee and requirements. Additional application documents will be issued for completion.*

Fee for profit:	**Non-Profit Exempt Vendor:**
$52.00 non-refundable.	You must possess a (501(C)) exemption under the Internal Revenue Code or be a religious organization meeting the definition of a church under the Internal Revenue Code, 170(b)(1)(A)(I).

Vendor Risk Assessment

Will all foods/beverages be served in package form	☐Yes ☐No	
Are you a cottage food producer	☐Yes ☐No	
Will you have foods that are prepared in a location other than this permitted vendor location?	☐Yes ☐No	
Do any of the food/beverages served require temperature control or time control for safety	☐Yes ☐No	
Are all Foods/beverages pre-cooked or ready to eat	☐Yes ☐No	
Will you have raw unfrozen proteins that will be cooked	☐Yes ☐No	
Will the event last longer than 4 hours (including setup and advanced preparation onsite)	☐Yes ☐No	
Will you have raw seafood, raw fish or raw poultry	**☐Yes ☐No**	**Complex menu**
Do any foods or beverages require extensive processing such as cooking, cooling AND reheating	**☐Yes ☐No**	**Complex menu**

Applicant/Vendor Information:

Name of Temporary Food Establishment:
Name of Business Owner:
Address of Business Owner:
Email Address (Required): **Contact Phone #: ( )**
Texas Tax Permit Number or Non Profit Tax Number (Copy must be attached):

Event Information:

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Name of Single Event or Celebration:

Date and Time of Single Event or Celebration: **(**One to fourteen (1-14) consecutive days from the initial effective date**)**

Start Date (MM/DD): **End Date (MM/DD):**

Start Time: **End Time:**

Date and Time you will be set up ready for Permitting Inspection:

Location of Single Event Celebration:

(Street) **(City)** **(State)** **(Zip)** **(Lot/Space #)**

Coordinator responsible for the Single Event or Celebration:

Name: **Contact Phone #: ( )**

Email Address (Required): **Address:**

Menu Information: (Please attach additional sheets, if needed.)

IMPORTANT NOTICE!

- All foods offered to the public must be from an approved source and proof of purchase documents must be available.
- All manufactured foods must be properly labeled, per the Food and Drug Administration and purchase receipts are required.
- All proposed food products must be pre-approved by the NET Health prior to the opening of the food establishment. Complex menu or high risk foods that require time or temperature control for safety shall require special approval. (High Risk = raw poultry, raw seafood, or foods traveling greater than one hour to event location).

Food/Beverage Product Name	**Place of Purchase – Receipts must be available**	**Equipment for Preparing Food**
Complete on next page	Complete on next page	Complete on next page
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I acknowledge receipt of a copy of the Temporary Food Establishment Guidance Document and understand that failure to meet provisions for a temporary food establishment described in the NET Health District Order 2023-1 can result in citations for violations and penalties to be assessed in court. I certify that all facts stated in this application are true and correct. For any questions or concerns please contact Environmental Health at (903) 535-0037.

Applicant's Name: _____Signature: _____

OFFICE USE ONLY:

Date Rec'd:_____	# of Days of Operation: _____	Temporary Permit Fee: $_____	Pmt. Method:_____	
Menu: ___	Sales Tax ID: ____	501(c) (3) ____	EIN: _____	Approval for Special Processes: _____
DL/ID: ____	CFM:___	Current Food Insp Report: ____	Current Non-Smith Co. Annual Food Permit:___	