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| |  |  |  | | --- | --- | --- | |  |  | **ENVIRONMENTAL HEALTH AND SAFETY** | |  | Temporary Food Dealer’s Permit/Request Form | |  | Plummer Building, Room 100D • PO Box 10807 | |  | Beaumont, Texas 77710 • Phone (409) 880-7115 | | | | |
| **TEMPORARY FOOD DEALER’S PERMIT/REQUEST FORM** | | | |
| Organization and/or Department name: |  | | |
| Event organizer or contact person |  | | |
| Contact phone number: |  | | |
| Location where event will be held: |  | | |
| Site reservation confirmed? |  | | |
| Date of event: |  | Starting Time: | Ending Time: |
| List of **Specific** items to be served: |  | | |
| Where & how will Food be prepared? |  | | |
| Caterer’s address (if applicable): |  | | |
| Where & how will food be stored? |  | | |
| How will all the trash be disposed? |  | | |
| What is the purpose of the event? (check one) | Fundraiser/Bake Sale Meeting/Informational Session  Lecture/Workshop/Seminar Social Event Sport Event/Tailgating  Concerts/Shows Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Event type: | Private (Member only; by invitation) Public (Open to anyone on campus) | | |
| Will you use any of the following? | Sterno Open Grill – Specify type: \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: If any have been selected, please submit an Open Flame Permit* | | |

1. ***I HAVE READ, UNDERSTAND AGREE TO ABIDE BY THE PROCEDURE AND GUIDELINES WHICH ADDRESS THE USEAGE OF THE TEMPORARY FOOD DEALER’S PERMIT.***
2. ***IF THERE ARE ANY CHANGES TO THE TEMPORARY FOOD DEALERS PERMIT BEFORE THIS EVENT, I WILL SUBMIT A NEW PERMIT FOR APPROVAL.***

Initial that you will have the following equipment (if applicable): Thermometer \_\_\_\_\_ Hand Sanitizer \_\_\_\_\_ Protective Wear (Gloves, Hair Restraints, etc.) \_\_\_\_\_ Water Container/Sanitizer Container/Soap & Water (*required when cooking on site*) \_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director – EHS & Risk Management

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator – Special Events