



201 Bolivar Street/PO Box 1729 \* Sanger, TX 76266  
940-458-2059(office) www.sangertexas.org

### TEMPORARY HEALTH PERMIT APPLICATION

DATE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_ TENT/MOBILE \_\_\_\_\_

VENDERS PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VENDORS ADDRESS: \_\_\_\_\_

TAX ID #: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_ TIME for Inspection: \_\_\_\_\_

LOCATION AND DATES OF EVENT: \_\_\_\_\_

TYPE OF FOOD: \_\_\_\_\_

#### HOW YOU WILL BE PREPARING YOUR FOOD

- 1) Cooking Equipment: Electrical Charcoal, Propane, OTHER
- 2) Cold / Hot Holding Equipment: Mechanical/Electrical **ONLY**
- 3) List type of Equipment Using:

#### LIST OF **ALL** MENU ITEMS TO BE PREPARED AND SERVED.

(Changes from what appears on Application shall be submitted **24 hours** prior to the event)

Food Items:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Purchase from:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL PERMITS MUST BE TURNED IN 72 HOURS PRIOR TO EVENT.**

**VENDORS MUST PROVIDE THEIR LAST INSPECTION REPORT.**

(DONE WITHIN THE LAST 12 MONTHS)

I acknowledge receipt of a copy of the food booth requirements and understand that failure to comply with the City of Sanger Ordinance may result in citations for violations and /or closure of the booth until violations are corrected;

Signature \_\_\_\_\_

Date \_\_\_\_\_