



Return All Documents To:  
Attn: Env. Services  
725 SE John Jones  
Burleson TX 76028  
P: 817-426-9600  
F: 817-426-9373  
[environmentalservices@burlesontx.com](mailto:environmentalservices@burlesontx.com)

# TEMPORARY FOOD PERMIT APPLICATION

**Temporary Food Establishment Permit Fee \$50**

## Event Information

Event Name: \_\_\_\_\_

Event Address: \_\_\_\_\_

Street Address \_\_\_\_\_ Suite / Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Event date(s): \_\_\_\_\_ Event Time \_\_\_\_\_

## Vendor Information

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Street Address \_\_\_\_\_ Suite/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Email \_\_\_\_\_

Sales Tax ID: \_\_\_\_\_

## Applicant Signature

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

## Additional Contact Information

*Please list any other managers, owners, operators or billing contacts*

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ALL FOOD / BEVERAGE MUST BE PREPARED ON SITE OR AT A PERMITTED FOOD FACILITY  
PLEASE REVIEW TEMPORARY FOOD REQUIREMENT HANDOUT**