



TEMPORARY HEALTH PERMIT APPLICATION

Name of Business: _____

Owner's Names: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Event Name: _____

Date(s) & time of the temporary event: _____

Time vendor will be setup: _____

Specific location of booth/address:

Types of food to be served: _____

FEE: \$35.00 per event (good for 1 – 3 days)

Fee must be received before a Temporary Health Permit can be issued. Any vendor in violation of serving food within the City of Cleburne without a Health Permit could be issued a citation up to \$2000 a day. *NO FOOD MAY BE PREPARED WITHIN A RESIDENCE AND SERVED TO THE PUBLIC. ALL FOOD MUST BE PREPARED ON SITE WITHIN THE APPROVED MOBILE / TEMPORARY VENDING FACILITIES

I agree to the above requirements and will be ready for an inspection on the first date of the event.

SIGNATURE

DATE