



Mayor

Justin Hewlett

Mayor Pro-Tem

John Warren

Councilmembers

Dr. Robert O. Kelly
Gayle White
Dale Sturgeon

City Manager

Chester R. Nolen

TEMPORARY HEALTH PERMIT APPLICATION

Name of business: _____

Owner's Names: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Event Name: _____

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

Location where booth will be set up: _____

Types of food to be sold: _____

FEE: \$25.00

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 liable of a \$2000 a day fine. NO FOOD MAY BE PREPARED WITHIN A RESIDENCE AND SOLD 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