



CITY OF STAFFORD – CODE COMPLIANCE

Consumer Health Services

TEMPORARY FOOD EVENT LICENSE

EVENT COORDINATOR TO COMPLETE

2610 South Main Street

Stafford, Texas 77477

PHONE: (281) 261-3941

EMAIL: consumerhealth@staffordtx.gov

Date: _____

EVENT INFORMATION	Event Name				License Number
	Type of Event – Indicate all that apply (Mobile Food Trucks cannot purchase a Temporary Food License without first purchasing a Trade Show / Multiple Vendor OR Event Caterer City of Stafford MFU license)				
	<input type="checkbox"/> Vendor/Booth - (Sampling)		<input type="checkbox"/> Individual Caterer / Concessionaire		Number of Vendors Approved by Event To be Permitted:
	<input type="checkbox"/> Multiple Food Caterers / Concessionaire		<input type="checkbox"/> Individual Concessionaire		
	<input type="checkbox"/> Other (Type): _____		Event Caterer		
Type of Food Served – check box that applies					
<input type="checkbox"/> Packaged – Non TCS food		<input type="checkbox"/> Packaged – TCS Food		<input type="checkbox"/> Cottage Food Production	
<input type="checkbox"/> Open – Non TCS food		<input type="checkbox"/> Open – TCS food			
(TCS - Time/Temp Control for Food Safety)					
Event Location: <input type="checkbox"/> Stafford Centre <input type="checkbox"/> Civic Center <input type="checkbox"/> Other			Complete Address Of Other:		
Start Date	End Date	Start Time	End Time	<i>Vendors/Caterers shall be ready for an inspection a minimum of 1 HR prior to opening of event</i>	
Event Organizer			Contact Phone No.		
Address of Event Organizer			Coordinator Email:		
Coordinator / Person In Charge Name:			Contact Phone No.		
Complete the information below for all food business(es)/vendors providing any type of food at the event listed above					
Business Name: _____			Phone Number: _____		
Person In Charge: _____			Email Address: _____		
Business Name: _____			Phone Number: _____		
Person In Charge: _____			Email Address: _____		
Business Name: _____			Phone Number: _____		
Person In Charge: _____			Email Address: _____		
For Additional Vendors – Please attach a separate document that provides the information above for additional vendors.					
NOTE: By signing this application, the coordinator agrees that they have provided true and accurate information about the food vendors/businesses listed above that will be serving/selling and/or providing any type of food and/or drink at the event to the City of Stafford. Furthermore, the coordinator understands that only the vendors/businesses listed within this application and subsequent submittals shall be allowed to obtain a valid City of Stafford temporary food permit. A temporary food permits shall not be issued on-site during the event. Any food vendor found to be operating without a valid City of Stafford permit may be cited and asked to leave the premise. The coordinator understands that they may be held liable for allowing unpermitted food business/vendor to operate at this event.					
Coordinator Signature: _____			Print: _____		Date: _____
Property Owner	LAND OWNERS / REPRESENTATIVES SHALL COMPLETE THIS SECTION EXCEPT FOR EVENTS OCCURRING AT THE STAFFORD CENTRE OR THE STAFFORD CIVIC CENTER				
	Name:		Legal Address:		
	If not owner - Rep Name		Title	Cell Phone	
	As the owner/ representative of the property listed above, I hereby authorize (name of event organizer) to operate a temporary food event on said premise. _____ from (begin date and time) _____ to (end date and time) _____				
Property Owner Signature: _____			Printed Name:		Date
Approved By:			Date:		
COORDINATOR FEE		\$ 200.00	Payment Amount		Date:
COS License Number:			Receipt Number:		Emp. Initial:

City of Stafford Temporary Food License Application

VENDOR APPLICATION

(Mobile Food Trucks cannot purchase a Temporary Food License without first purchasing a City of Stafford MFU License)

Vendor application and payment will NOT be accepted without an approved completed Coordinator application (page 1)

Event Name:				COS License Number:	
FOOD VENDOR INFO	Food Vendor/ Food Business Name:				
	Event Date(s)	Event Time(s)	Operational Date(s)	Operational Time(s):	
	<i>Vendor shall be available for inspection 1 hr. prior to the opening of the event.</i>				
	Person In Charge of Food Business/Vendor:			Cell Phone	
	Business Address		Email		
	A Minimum of one certified food handler (CFH) SHALL be present and in the food prep/service area at all times during the event and can answer inspectors questions during inspection. Indicate On-site Food Handler below and Attach Copies Of Certificate.				
	Name of Onsite ANSI approved CFH / CFM			Cell Phone	
	CFH/CFM Issuer Name		Certificate Number	Expiration	

FOOD INFORMATION & PREPARATION	Provide the information requested below on a separate piece of paper and attach it to the application.			
	1. FOOD & BEVERAGE ITEMS - Be specific <i>Please use a separate sheet of paper or the back</i> <i>List ALL Food and/or Beverage Items to be Prepared, Served, sold, sampled, provided etc</i>			
	2. APPROVED SOURCE OF FOOD ITEMS <i>Check all that apply</i> <input type="checkbox"/> Raw/manufactured food & drink items will be purchased from a Retail Food Market and prepared and/or served onsite <input type="checkbox"/> I will be selling/giving/serving food items prepared at the retail food establishment that I own and operate. (Catering) <input type="checkbox"/> Hermetically sealed commercial manufactured and packaged food/drink items will be sold/served in it's original packaging <input type="checkbox"/> Time/Temp Controlled food/drink items in a ready to eat form will be purchased from a retail establishment (restaurant) to be re-sold/served. <input type="checkbox"/> I will sample/serve and/or sell food/drink items that I produce from a licensed kitchen with a manufactured food license. <input type="checkbox"/> I will sample/serve and/or sell food drink items that are produced for me in a license kitchen (Black label / Co-Packer) <input type="checkbox"/> I have produced my food/drink items under the Cottage Food Law that will be provided, sampled, sold Provide the name, address and phone number for each of the establishment that you have checked above. Also include the following additional submittal documents: Food Manufacturers/Co-Packers – provide a copy of your VALID manufacturing license or proof of co-packing/ black labeling Retail Food Establishments - provide a copy of your VALID regulatory license along with your last inspection report. Purchased Prepared Food Items - provide receipts for the purchased food/drink from a retail food facility (Time of purchase, Name, address, and phone shall be clearly indicated on the receipt.)			
	3. PREPARATION AND SERVICE - All non-licensed food production shall occur onsite except Cottage Food Production FOR ONSITE PREP/SERVICE: Provide a detailed description of how each menu item will be purchased, prepared, transported, hot or cold held, served, etc from purchase through service including required temperatures, locations, types of equipment used, etc. ABSOLUTELY NO FOOD MAY BE PRODUCED AT HOME!			
	NOTE: By signing this application, the applicant assumes the responsible for the knowledge and abidance of all local, state, and federal food establishment laws applicable to this operation. The permit holder understands that failure to comply with the requirements of the law, may result in immediate revocation of the permit as well as being issued a municipal citation.			

Vendor Signature:	Printed Name	Date
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FEES DUE UPON SUBMITTAL	Event FEE	FEE	Amt Due	Amt Sub.
Any food vendor and/or event coordinator found to be operating (selling or giving away unpackaged food) at a temporary event without a valid permit, issued by the City of Stafford, may be cited for operating without a valid food permit and will be asked to leave the event premises immediately. Permits will not be issued on-site at during an event.	Coordinator Fee - Coordinator / Caterer <i>(Pd at time of application submittal)</i>	PLUS \$ 200		
	Booth / Vendor FEE/ Per Day fee _____ # of event days X \$50	\$50 per day		
	Late Fee – per vendor / coordinator <i>(Added to any application(s) received less than 15 days before the event date)</i>	\$ 50 per appl		
	Total Due			

Submittal Information				Payment Information				
Sub	Date	Accepted By	Approved By	Approval Date	Date	Amt Collected	Receipt Number	Collected By