



# SEASONAL FOOD ESTABLISHMENT Permit Application

Duration of Operation: No More than 6 Weekends ONLY (Friday – Sunday) Two times per year.

Date(s) of Event \_\_\_\_\_ Time of Operation: From \_\_\_\_\_ To \_\_\_\_\_

Location of Event (Street Address) \_\_\_\_\_

Organization \_\_\_\_\_

Responsible Person(s) \_\_\_\_\_

Address \_\_\_\_\_

Do you operate a food establishment at other locations? Yes \_\_\_\_\_ No \_\_\_\_\_

## FOOD ITEMS TO BE SERVED

## PLACE OF PREPARATION & STORAGE

FOOD ITEMS TO BE SERVED	PLACE OF PREPARATION & STORAGE

- \$200.00 Permit Fee

Please make Cash/Checks/Money Orders Payable To: THE CITY OF EULESS  
HEALTH DEPARTMENT  
201 NORTH ECTOR DRIVE, EULESS, TX. 76039

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Drivers License No \_\_\_\_\_ State \_\_\_\_\_

Special Conditions: \_\_\_\_\_

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

If you have any questions, please call (817) 685-1630

### FOR OFFICE USE ONLY

Expiration Date: \_\_\_\_\_

Permit Type \_\_\_\_\_

Date Entered: \_\_\_\_\_

No. \_\_\_\_\_