



116 W. Bridge Street, Granbury Texas 76048 – (817)573-1114

**TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATIONS**

The Health Department must receive applications at least one (1) week prior to the event. A late fee will be assessed if the completed application and appropriate fee are not received within two full working days prior to the event.

Event Name \_\_\_\_\_ Location \_\_\_\_\_  
 Event Coordinators Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Organization/Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Please list all foods to be prepared, where the food will be purchased, whether it is prepared off-site or on-site, and whether it will be held cold or hot. Attach an additional sheet if necessary. Only items listed will be approved for service. *Any changes must be approved prior to the event.*

Food/Beverage Item	Where Purchased	Off-Site Prep Y/N	On-Site Prep Y/N	Hot Holding Y/N	Cold Holding Y/N

**Will Advanced Preparation of Food Occur?**  Yes  No

---

**Temperature Control**

- Will Metal-Stem Thermometers (0-220°F) Be Used?  Yes  No
- What Type of Cold Holding Equipment Will Be Used?  
 Refrigerator  Freezer  Other \_\_\_\_\_
- What Type of Cooking Equipment Will Be Used?  
 Stove  Oven  Fryer  Grill  BBQ  Other \_\_\_\_\_
- What Type of Hot Holding Equipment Will Be Used?  
 Steam Table  Oven  Roaster Oven  Other \_\_\_\_\_
- On Site Power Source.  
 Electricity  Propane  Other \_\_\_\_\_

**Hand Washing Facilities In The Booth\***     Plumbed Sink     Temporary Hand Washing Sink

*\*As a minimum, you must provide two (2) gallons of warm water in an insulated container with a spigot, a bucket for wastewater, pump-type liquid soap, and paper towels.*

**Dish Washing Facilities**     3-Compartment Sink     3 Wash Basins

**Water Source**     Municipal     Other \_\_\_\_\_

**Wastewater Disposal**     Sewer     Holding Tank     Other \_\_\_\_\_

**Garbage Disposal Method**     Cans     Dumpster(s)

**Restroom Facilities Must Be Within 200 Feet of the Booth. Describe location and type.**

---

I certify by my signature, that I am the owner of the establishment or his/her designee. I further certify that I grant permission to allow the Health Officer and/or his/her representative(s) to enter said establishment at their discretion for the purpose of application, evaluation, pre-operational inspection, routine inspection or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of 25 TAC §§ 229.161-229.171, 229.173-229.175, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with the City of Granbury regulations and 25 TAC §§ 229.161-229.171, 229.173-229.175. In the event of suspension or revocation of my food service permit, I will be required to immediately cease and desist all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

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

\_\_\_\_\_  
Date

**Fees: All Food Booths: Day 1- \$35.00**

Additional Days \$15.00 each

**If not purchased 3 working days prior to event \$20.00 per vendor request**

**FOR DEPARTMENT USE ONLY**

**Provide Food Flow for All Menu Items**

**ITEMS DISCUSSED WITH APPLICANT:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Transport of food to site | <input type="checkbox"/> Proper Glove Use | <input type="checkbox"/> Hot Holding              | <input type="checkbox"/> Dish Wash Set-up |
| <input type="checkbox"/> Booth Construction        | <input type="checkbox"/> Sanitizer Used   | <input type="checkbox"/> Utensil Use/Availability |   |
| <input type="checkbox"/> Hand Wash Set-Up          | <input type="checkbox"/> Thermometer Use  | <input type="checkbox"/> Condiment Dispensing     |   |
| <input type="checkbox"/> Hand Washing Procedure    | <input type="checkbox"/> Cold Holding     | <input type="checkbox"/> Supervisor on site       |   |