



TEMPORARY FOOD PERMIT APPLICATION

HEALTH INSPECTOR APPROVAL: _____

OWNER OPERATOR NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME OF EVENT: _____

ADDRESS OF EVENT: _____

DATE OF EVENT: _____

CONTACT PHONE NUMBER AT EVENT SITE: _____

DESCRIPTION OF ALL FOOD TO BE SOLD, GIVEN AWAY, FREE OR SAMPLED:

FEE: \$25.00 FOR FIRST DAY AND \$5.00 FOR EACH ADDITIONAL CONSECUTIVE DAY.

TOTAL AMOUNT ENCLOSED: _____

APPLICATION MUST BE RETURNED 5 DAYS PRIOR TO THE EVENT TO: CITY OF DUNCANVILLE, HEALTH SERVICES, 203 E. WHEATLAND RD. DUNCANVILLE, TX 75116.

FOR QUESTIONS, CONTACT THE HEALTH INSPECTOR, TAMMY ISLAND, AT 972-780-4963.

Revised 08-2019