

Environmental Health Department

P.O. Box 384, Dripping Springs, Texas 78620 Phone: (512) 858-4725 Web: www.cityofdrippingsprings.com Health Inspector email: kdehart@cityofdrippingsprings.com

Special Event Food Vendor Application

PERMITS ARE NON-TRANSFERABLE. HOMEMADE PRODUCTS MUST FOLLOW STATE COTTAGE FOOD REGULATIONS.

Please check one:

□ Seasonal \$200 □ Temporary Food Vendor/Roadside Vendor \$30/day □ Special Event \$30/day

NOTE: This application must be filled out completely. Incomplete applications will <u>not</u> be accepted. Applications for a permit to operate do not guarantee that a permit will be granted. Permit approval is based upon the vendor's compliance with state and local health requirements.

Name of "Special Event/Occasion":		Date:
Location/Address:		
Description of food items to be sold:		
DBA:		
Owner's Name:	Email Address	
Driver's License/ID #:	State:	Expiration:
Residence Address:		City:
State: Zip Code:	Phone #:	
Mailing Address:(If different from above)		
Name of Central Preparation Facility:		<i>Phone #:</i>
Address:	<i>City:</i>	State:
Required (Please attach copies of the following): Copy of Permit from a Central Preparation Facilia (Homemade products must follow State Cottage F Copy of State Manufacturer's or State Mobile Fo Copy of Food Handlers Certification is required f Copy of Fire Inspection Report – if using a propa A menu of food products that are to be sold from	<i>Yood Regulations</i>) ood Vendor Permit (if applicable). for Issuance of the Permit. me device.	
Applicant's Signature:		Date:
Notes:	For Office Use Only	
Health Inspector:		Date:

Revised 6.29.23