



Cherokee County Health Department Temporary Food Establishment Permit Application

www.cchdtexas.org

Return both the completed application, and non-refundable fee made payable to the Cherokee County Health Department and mail to: 593 North Main Street, Rusk, Texas 75785. FAILURE TO PROVIDE ALL INFORMATION REQUIRED WILL DELAY PERMIT. For assistance in completing this application, call (903) 683-4688.

Payment may NOT be made at the event site.

This application must be received by the Department at least 10 days prior to the event.

Name under which Business is operated (D/B/A): _____

Name of Owner: _____

Address of Responsible Owner: _____
Mailing Address City and State Zip Code

Telephone Number of Owner: _____ Owner's Email Address: _____

Vendor Contact Person and Phone Number: _____
Name Area Code and Phone Number

Name Of Single Event or Celebration: _____

Event Address: _____
Address City Zip Code

Event Start Date: _____ Event End Date: _____ Time: _____

Sponsor/Coordinator of Single Event or Celebration: _____

Sponsor/Coordinator Address: _____
Address City Zip Code

Event Contact Person and Phone Number: _____
Name Area Code and Phone Number

List Foods to be Prepared: _____

Food Preparation address and/or service area: _____
Address City Zip Code

Temporary Food Establishment Permit Single Event (Non-refundable) -----\$25.00 per event
Permit is valid for 14 consecutive days from the initial effective date. (Per individual food booth/unit)

Multi-Events Temporary Food Establishment Permit (Non-refundable) -----\$100.00 annually
Permit is valid for 14 consecutive days from the initial effective date. (Per individual food booth/unit)

Exemption – Nonprofit as a 501 (C) Organization. You must possess a 501 (C) exemption under the Internal Revenue Code, or be a religious organization meeting the definition of a church under the Internal Revenue Code, '170(b)(1)(A)(i).

Nonprofit 501 (C) organization or religious organization

I certify that the information furnished is true and correct to the best of my knowledge.

Printed Name of Applicant

Title

Signature of Applicant

Date