

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 \$150	☐ Temporary Food V	Vendor/Roadside Vendor \$30/day	☐ Special Event \$30/day	
	rantee that a permit will b		ill not be accepted. Applications for a perrupon the vendor's compliance with state a	
Name of "Special Ev	ent/Occasion":		Date:	
Location/Address:				
Description of food i	tems to be sold:			_
DBA:				
Owner's Name:		Email Address		
		State:		
Residence Address: City:		City:		
State:	_ Zip Code:	Phone #:		
Mailing Address: (If different from abo				
Name of Central Preparation Facility:			Phone #:	
Address:		City:	State:	
Required (Please att	tach copies of the followi	ing):		
(<i>Homemade p</i> ☐ Copy of Stat ☐ Copy of Foc ☐ Copy of Fire	products must follow State Cott te Manufacturer's or State Mob	bile Food Vendor Permit (if applicable). puired for Issuance of the Permit. apropane device.		
Applicant's Signatu	ıre:		Date:	
Notes:		For Office Use Only		

Date: _

Health Inspector: