



City of Sugar Land Development Planning— Food Inspection Program

PO Box 110/2700 Town Center Blvd., Sugar Land, TX 77487 (281)275-2278 FAX: (281)275-2729

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION--VENDOR

-----RETURN THIS APPLICATION TO YOUR EVENT COORDINATOR-----

THE EVENT COORDINATOR MUST RETURN ALL APPLICATIONS TO ME AT LEAST ONE FULL BUSINESS WEEK PRIOR TO THE EVENT. PLEASE KEEP THIS IN MIND AND RETURN YOUR APPLICATION TO THEM IN A TIMELY MANNER.

IF THE APPLICATION IS NOT CORRECT, YOU WILL BE CONTACTED FOR ADDITIONAL INFORMATION. APPROVAL WILL BE PENDING THE SUBMITTAL OF THE CORRECTED APPLICATION. SUBMIT IMMEDIATELY: FAX: 281-275-2729, OR EMAIL: AKHAN@SUGARLANDTX.GOV OR SMCCARTY@SUGARLANDTX.GOV

Event: IMPERIAL FARMERS MARKET.
Location:

Event Date(s) SATURDAYS

EVENT RESPONSIBLE PARTIES: Name the person who is in charge of the *event*, not the temp food establishment.

Establishment/Group Name: IMPERIAL FARMERS MARKET

Event Responsible Group/Person: KERI VAN CANTFORT

Mailing Address: 445 COMMERCE GREEN BLVD., SUGAR LAND, TEXAS. 77478

Phone(s): 832-454-4771.

Fax: NONE

FOODSERVICE CONTACTS/INFO: Name the person who is in charge of this specific temporary food establishment.

Establishment Name/Group/Team: _____

Certified Food Manager/Food Handler: _____ Certification #/Expiration Date: _____

Foodservice Person(s)-in-Charge/Contact: _____

Mailing Address: _____

Phone(s): _____ Fax: _____

Email: _____

Date(s) of your foodservice operations: _____

food and food contact items. Pesticides are not allowed. Adequate measures shall be taken to eliminate pests from any food prep, storage, and/or service area by covering food & cleanliness.

ON-SITE PREP/ PERMIT DISPLAY No food offered or sold to the public is to be prepared or stored at home. Permits shall be displayed clearly during the temporary food establishment operation.

By signing below, I attest that I have read the information above completely and agree to abide by these guidelines completely when operating my temporary foodservice establishment. I UNDERSTAND THAT FAILURE TO ABIDE BY THESE REGULATIONS MAY RESULT IN MY OPERATION BEING MADE TO CEASE OPERATIONS OR CITATION.

Signature

Print Name

Date

Commented [1]:

By signing below, I attest to the following: I have answered all questions honestly. I understand that if I am found to be operating differently than I have stated above, or if I am operating on different dates or times than I have stated above, my permit may be revoked without refund and I may be issued a citation without additional warning. I will not offer or sell or prepare any food items at home that is potentially hazardous which requires time temperature control to prevent spoilage. I am aware that a permit received from the Food Inspection Division does not assume approval from other City departments, and it is my responsibility to obtain necessary approval from all applicable departments.

Signature

Print Name

Date