



## City of Sugar Land

Environmental & Neighborhood Services Department

Food Inspection Program

111 Gillingham Lane, Sugar Land, TX 77478

Phone: (281) 275-2170

FAX: (281) 275-2360

### TEMPORARY FOOD ESTABLISHMENT PERMIT- Type I

## Application for Event Producer

**EACH APPLICATION WILL BE ASSESSED \$25.00 EXPEDITED FEE IF TURNED IN WITHIN FIVE (5) DAYS OF THE EVENT. ALL VENDOR APPLICATIONS MUST BE SUBMITTED WITH THE EVENT PRODUCER APPLICATION. ALL CORRECTIONS MUST BE SUBMITTED TO THE SANITARIAN BEFORE YOUR APPLICATION IS APPROVED.**

### 1. TEMPORARY FOOD EVENT INFORMATION

*Tell us about the event*

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Address: \_\_\_\_\_

*Dates and Times of Event*

Date from: \_\_\_\_\_ to \_\_\_\_\_ Begin Time: \_\_\_\_\_ to End Time: \_\_\_\_\_

### 2. EVENT PRODUCER INFORMATION

*Tell us about the Event Producer*

Name of Event Producer/Person responsible during the event: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone (Day of Event) \_\_\_\_\_ Email: \_\_\_\_\_

### 3. LOGISTIC INFORMATION

*Describe the logistics for the event*

Expected/Estimated number of Patrons for entire event: \_\_\_\_\_

Number of Food and Drink Vendors: \_\_\_\_\_

**\*Attach a list of all Food Service Vendors including the following information:**

VENDOR/TEAM NAME	PERSON-IN-CHARGE NAME	PHONE NUMBER(S)	EMAIL ADDRESS	FAX NUMBER(S)
EXAMPLE: ABC ICE CREAM	JANE JONES	H: 281-111-1111 C: 281-222-2222	jane1jones@yahoo.com	281-333-3333

Will you as the Event Producer also be offering food to the public in addition to your food vendors?

Yes  No  If yes, please include information in Food Service Vendor List and fill out a separate Vendor application.

*Date and Time Food Service Vendors will be allowed to set up*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Toilets available: \_\_\_\_\_ Number of Handwashing Facilities available: \_\_\_\_\_

How will you dispose of Wastewater? \_\_\_\_\_

How will you dispose of Trash/Garbage? \_\_\_\_\_

## **IMPORTANT**

PLEASE RETURN THIS APPLICATION TO SANITARIAN. DO **NOT** ATTEMPT TO PAY FOR THIS PERMIT UNTIL SANITARIAN HAS CONTACTED YOU, STATED THAT IT IS APPROVED, AND PAPERWORK IS READY FOR PAYMENT. COMPLETE APPLICATIONS MAY BE EMAILED TO [FOODINSPECTION@SUGARLANDTX.GOV](mailto:FOODINSPECTION@SUGARLANDTX.GOV), FAXED TO 281-275-2360, OR DELIVERED IN-PERSON AT CITY HALL PERMITS & PAYMENTS OFFICE.

*By signing below, I have read the Temporary Food Establishment Information Sheet, and I acknowledge the following: (1). The list of participating vendors submitted here is accurate, (2). Food items prepared at home are not allowed, (3). Food Service Vendors not listed will not be allowed to participate in the event, and (4). Failure to comply with information stated above (including dates & times of event) will result in a citation and revocation of permit without a refund.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

*A permit received from the Food Inspection Department does not assume approval from other City departments. This is a quick reference to some City Departments who may be involved in temporary events, for your convenience. Parks & Rec: (281)275-2885 Fire Marshal: (281)491-0852*

---

**City of Sugar Land Use Only**

**Name of Event:** \_\_\_\_\_

**Dates of Event:** \_\_\_\_\_

**PAYMENT INFORMATION:**

Fees are \$34.50 + 22.75 for each day of operation, including first day.

Temporary Food Establishments are limited to 14 days of operation per permit.

___ 1 Day Event = \$57.25	___ 6 Day Event = \$171.00	___ 11 Day Event = \$284.75
___ 2 Day Event = \$80.00	___ 7 Day Event = \$193.75	___ 12 Day Event = \$307.50
___ 3 Day Event = \$102.75	___ 8 Day Event = \$216.50	___ 13 Day Event = \$330.25
___ 4 Day Event = \$125.50	___ 9 Day Event = \$239.25	___ 14 Day Event = \$353.00
___ 5 Day Event = \$148.25	___ 10 Day Event = \$262.00	

\_\_\_ Expedited Temporary Food Permit Fee = \$25.00

\_\_\_ Vendor Fee = \$20.00 (**applies ONLY to vendors who don't currently hold a valid City of Sugarland food permit**)

**TOTAL DUE:** \$ \_\_\_\_\_

\_\_\_\_\_  
**Inspector Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**