



CITY OF SAN ANTONIO  
METROPOLITAN HEALTH DISTRICT

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**TEMPORARY FOOD ESTABLISHMENT PERMIT  
APPLICATION**

(Please Print)

Today's Date: \_\_\_\_\_

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

Address of Event: \_\_\_\_\_

Event Sponsor:\* \_\_\_\_\_

Sponsor Add: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone#: \_\_\_\_\_

On-site Coordinator: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Total # Days: \_\_\_\_\_  
(May be contacted during event)  
Date Time Date Time

Number of Stands/Booths: \_\_\_\_\_

Items Being Sold/Given Away: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**NOTE:** Payment of license fees will not constitute approval for operation unless Temporary Food Ordinance Standards are met. Permit fees are non-refundable. However, the date of the event may be rescheduled or the event may be canceled and rescheduled if the applicant makes a request to reschedule in person at the development and business service center at least three (3) business days prior to the event.

*\*May be asked to show proof of Sponsorship upon request*

**For Office Information Only**

Amount Paid: _____	Temporary Permit #'s: _____
SAP Number: _____	_____
Date Paid: _____	_____

Sanitarian Signature: \_\_\_\_\_  
(Approval if needed)