

Responsible Party Identification

for Temporary Food Events

No Home-Prepared
Foods Allowed

Each individual booth operator is required to complete and submit the following form.
Please PRINT and use additional sheets if necessary.

I, _____, am the operator of the temporary food service booth named:
Print Your Name

_____, providing food at the following temporary event named:
Booth's Name from Page 3

JO'S CHILI COOK OFF

2-12-16

_____, on this date, _____, on this date, _____
Temporary Event Name from Page 1 **Date(s) of the Event**

Type of food/beverages to be served: CHILI

The food will be obtained from the following approved sources (check all that apply):

- I operate from/own a permitted food facility (such as a restaurant).

Food Facility Name: _____

Food Facility Address: _____

Address City State Zip

- I will purchase food from a permitted food facility (such as a grocery store or restaurant) on the day of the event and bring the food directly to the event. **I will maintain my receipts from the purchase on-site at the event for verification.**

Food Facility Name: _____

Facility Address: _____

Address City State Zip

Phone Number: (_____) _____

I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin/Travis County Health and Human Services Department and, _____

Print Name of Applicant

I understand that, as a condition of my operation at this event, I am responsible to insure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and insure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin. I understand that such a complaint may result in a fine of up to \$2,000 on conviction.

Signature: _____ Printed Name: _____

Today's Date: _____ Phone Number: _____

Mailing Address: _____
Address City State Zip

Driver's License Number & State: _____ Date of Birth: _____