

## **Health Permit Application**

## **Temporary**

City of Robstown 101 E Main Ave Robstown, TX 78380 (361) 387-4589 Eyt 134-13

Phone: (361) 387-4589 Ext. 134-135 Fax: (361) 387-6760

Establishment		Event
Establishment Name:  Physical Address:		Name of Event:
Mailing Address:		Event Start Date and Time:  Event End
Type of Establishment:		Food to be Prepared:
Owner/ Manager:		
Phone:	No	Comments:
Temporary Permit Fees		Event Contact
☐ City Sponsored Event/Non-Profit ☐ Seasonal (Quarter-3 Months)	\$00.00 \$25.00	Event Contact Person: Phone: Fax:
Can be used unlimited times within a calendar Year	\$50.00	E-Mail:
☐ Mobile Unit	\$30.00	Type/size of Unit
		Lic#
A		Date:
Applicant Print Name	5	Applicant Signature
Health Director	% <del></del>	Date: Health Director
Print Name		Signature

unspecified establishments unless they are properly permitted as a certified food establishment.