



## HEALTH DEPARTMENT

# TEMPORARY FOOD ESTABLISHMENT REGISTRATION FORM

### GENERAL INFORMATION

Establishment Name:

Responsible Owner Name:

Address:

City:  State:  Zip:

Phone:  Email Address:

### SINGLE EVENT/CELEBRATION INFORMATION

Start Date:  End Date:  Time:

Event Name:

Event Location:

Sponsor/Coordinator:

Address:

City:  State:  Zip:

Phone:  Email Address:

### LIST OF FOODS AND BEVERAGES TO BE PREPARED AND SERVED

  

*I agree to comply with City of Woodville Ordinance on Temporary Food Establishments and to use TFE checklist.*

Print Name and Sign:  Date:

**— PLEASE REMIT REGISTRATION FEE OF \$10 PER EVENT (14 DAYS MAXIMUM) —**