

UNIVERSITY of **HOUSTON** | EHLS

University of Houston Sugar Land Campus
 Department of Public Safety - Fire Marshal's Office
 14004 University Blvd., Room 178 – Brazos Hall
 Sugar Land, Texas 77479
 Phone 832-842-2921

Submit completed permit for processing to foodsafety@uh.edu

TEMPORARY FOOD DEALER'S PERMIT/REQUEST FORM

| | | | |
|--|--|-------------|-----------|
| Organization and/or Department Name: | | | |
| Event Organizer or Contact Person: | | | |
| Contact Phone Number: | | | |
| Location Where Event Will be Held: | | | |
| Site Reservation Confirmed? | | | |
| Date of Event: | | Start Time: | End Time: |
| List of Specific Items to be Served: | <p><i>Note: If serving boxed/prepackaged meals, please state what those meals will consist of for approval.</i></p> | | |
| Where & By Whom Will Food be Prepared? | | | |
| Caterer's Address (if applicable): | | | |
| Required documents from caterer: | <input type="checkbox"/> Food manager's certificate <input type="checkbox"/> Food establishment permit (food dealer's permit) <p><i>Note: Both documents must be submitted for approval.</i></p> | | |
| Where & How Will Food Be Stored? | | | |
| How Will All the Trash be Disposed? | | | |
| What is the Purpose of the Event? (check one) | <input type="checkbox"/> Fundraiser/Bake Sale <input type="checkbox"/> Meeting/Informational Session <input type="checkbox"/> Lecture/Workshop/Seminar <input type="checkbox"/> Social Event <input type="checkbox"/> Concerts/Shows <input type="checkbox"/> Other: _____ | | |
| Event Type: | <input type="checkbox"/> Internal <input type="checkbox"/> External | | |
| Will you use any of the following? | <input type="checkbox"/> Sterno <input type="checkbox"/> Open Grill – specify type: _____ <input type="checkbox"/> Other: _____ | | |
| <p><i>Note: If any have been selected, please submit an Open Flame Permit.</i></p> | | | |

- 1) **I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE PROCEDURE AND GUIDELINES WHICH ADDRESS THE USAGE OF THE TEMPORARY FOOD DEALER'S PERMIT.**
- 2) **IF THERE ARE ANY CHANGES TO THE TEMPORARY FOOD DEALERS PERMIT BEFORE THIS EVENT, I WILL SUBMIT A NEW PERMIT FOR APPROVAL.**

Initial that you will have the following equipment (if applicable): Thermometer _____ Hand Sanitizer _____
 Protective Wear (Gloves, Hair Restraints, etc.) _____ Water Container / Sanitizing Container / Soap & Water (**required when cooking on site**) _____

Signature: _____ Date: _____

ISSUED BY UH DEPARTMENT OF PUBLIC SAFETY FIRE MARSHAL'S OFFICE:

Signature: _____ Date: _____