



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 OR BEVERAGES TO BE PREPARED OR SERVED

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

Signature (signed or electronic): Date:

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