



**SWEETWATER-NOLAN COUNTY HEALTH DEPARTMENT**

PROMOTING HEALTH \* PREVENTING DISEASE

301 E. 12<sup>th</sup> Street • Sweetwater, Texas 79556  
(325) 235-5463 • Fax (325) 236-6856  
nolancountyhealth.com

**Temporary Food Establishment Permit Application**

Application is hereby made to permit a Temporary Food Service Establishment with Nolan County in accordance with ordinances of said County. A temporary vendor is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration. It is hereby stipulated and agreed by the undersigned, that a permit fee of **\$25.00** payable to the **Sweetwater-Nolan County Health Department** shall accompany the application. In consideration of the issuance of such permit, the applicant understands that said permit can be suspended or revoked for noncompliance of Nolan County ordinances. Permit is in effect for a year from date it is issued.

Name of Establishment: \_\_\_\_\_

Name of Owner or Person Responsible \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Types of food prepared: \_\_\_\_\_

Date & Location of Event: \_\_\_\_\_ Food Handlers Certificate \_\_\_\_\_

**PLEASE DRAW LAYOUT OF BOOTH OR TRAILER ON BACK OF FORM.**

**I acknowledge receipt of a copy of Guidelines for Temporary Food Establishments and understand that failure to comply with the Sweetwater-Nolan County Health Dept. may result in closure of booth until violations are corrected.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_

**SUSPENDED or REVOKED** \_\_\_\_\_ **DATE:** \_\_\_\_\_