



## COMMUNITY DEVELOPMENT DEPARTMENT

3295 Bob Rogers Drive, Eagle Pass, Texas 78852 – Phone (830) 773 – 7781 – Fax (830) 773 - 7803

### EVENT ORGANIZER APPLICATION TO OPERATE TEMPORARY FOOD ESTABLISHMENTS

**Type of Event:** ☐ Special (3-day Festival) ☐ Special (3-Day Non-Festival) ☐ TFE (14 Consecutive days)

#### ORGANIZER INFORMATION

Name of Organizer / Coordinator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Type of organization:

☐ For Profit ☐ Charitable – Non-Profit

**(For Office Use Only)**

Permit # \_\_\_\_\_

#### EVENT INFORMATION

Event Name or Celebration: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ to \_\_\_\_\_

Event Time(s): \_\_\_\_\_ to \_\_\_\_\_

Location Address: \_\_\_\_\_

☐ Indoor Event ☐ Outdoor Event

Event will occur regardless of the weather conditions:

☐ Yes ☐ No

Maximum Number of Vendors/Booths: \_\_\_\_\_

**\*\*\*All food booths shall have a TFE Permit\*\*\***

#### Submit the following documents:

☐ Complete list with each vendor's name and contact information. ☐ Complete layout of the event  
(indicating the location of Food Establishment Locations, Water Supply, Toilet and handwashing  
facilities, Refuse disposal container, Location of shared utensil-washing facilities).

#### TFE REQUIREMENTS

**Will a three-compartment sink or approved alternative be provided?** (Three compartment sink with hot water, soap and sanitizer)

☐ If provided by event organizer, specify number: \_\_\_\_\_ ☐ Provided by food booths

**Toilet Facilities** (Type and number of toilet facilities that will be provided): \_\_\_\_\_

☐ Portable ☐ Existing restrooms available / Handwashing Facilities Available at Toilets: ☐ Yes ☐ No

**Will handwashing stations be provided for food vendors?** ☐ Yes ☐ No

☐ If provided by event organizer, specify number: \_\_\_\_\_ ☐ Provided by food booths  
(hand soap, single-use towels and trash receptacle must be provided at all handwashing sinks)

**Food Storage**

Will there be refrigerated units or trailer available for food storage?

☐ Yes ☐ No

**Refuse Disposal**

Will garbage containers/dumpsters be provided? ☐ Yes ☐ No

Frequency of waste removal during the event: \_\_\_\_\_

**Organizer Acknowledgment**

I acknowledge that all Temporary Food Establishments operating during this event must comply with applicable health regulations and that failure to comply may result in permit suspension or closure.

This TEMPORARY FOOD ESTABLISHMENT PERMIT is hereby issued by The City of Eagle Pass pursuant to the authority granted in Eagle Pass Code of Ordinances Section 16.5 and Section 22.92 and shall remain valid until \_\_\_\_\_. This permit shall be placed in a conspicuous manner so as to be observable to the general public.

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

\_\_\_\_\_  
**City Official Signature**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Received by: \_\_\_\_\_

Total: \_\_\_\_\_