

**UNIVERSITY OF HOUSTON
SYSTEM AT SUGAR LAND
14000 University Blvd.
Sugar Land, TX 77479
MAIN #: (281) 275-3340
FAX: (281) 275-3301**



Date Stamp: _____

TEMPORARY FOOD DEALER'S PERMIT/REQUEST FORM

1. ORGANIZATION NAME: _____
ADDRESS: _____
RESPONSIBLE PARTY: _____ TELEPHONE: _____
2. LOCATION WHERE THE FOOD OPERATION WILL OCCUR: _____
3. HAS ORGANIZATION MADE SITE RESERVATION? YES _____ NO _____ N/A _____
4. LIST ALL FOOD ITEMS TO BE SERVED: _____

5. WHERE AND WHAT MANNER WILL THE FOOD ITEMS BE PREPARED? _____

6. WHERE AND IN WHAT MANNER WILL THE FOOD ITEMS BE STORED? _____

7. WHAT ARRANGEMENTS HAVE BEEN MADE FOR THE DISPOSAL OF ALL RUBBISH, TRASH, AND GARBAGE ASSOCIATED WITH THE FOOD OPERATION? _____

8. WHAT IS THE PURPOSE OF THE ACTIVITY? _____
9. DATE OF ACTIVITY: _____ TIME OF ACTIVITY: _____
10. WILL THE FOOD OPERATION REQUIRE THE USE OF AN OPEN GRILL, BAR-B-QUE PIT, STERNO, OR SIMILAR FUELS?
YES _____ NO _____

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES, PROCEDURES, AND GUIDELINES WHICH ADDRESS THE USAGE OF THE TEMPORARY FOOD DEALER'S PERMIT.

REQUESTING SIGNATURE: _____ DATE: _____

ISSUED BY: MAIN OFFICE UHSSL

ISSUER'S SIGNATURE: _____ DATE: _____