



**MONTGOMERY COUNTY  
ENVIRONMENTAL HEALTH SERVICES**

501 N. THOMPSON, SUITE 101  
CONROE, TEXAS 77301  
(936) 539-7839 • (281) 364-4200 EXT 7839 • (936) 788-8388

PERMIT # \_\_\_\_\_  
**OFFICE USE ONLY**

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**  
**NON-REFUNDABLE APPLICATION FEE**

**PERMIT FEES:**

TAX ID # \_\_\_\_\_  
**(NON-PROFIT USE ONLY)**

- \$50.00
- \$ 0.00 – NON-PROFIT
- \$25.00 – LATE FEE  
**(IF NOT PURCHASED WITH IN 48 HRS OF EVENT)**

TODAY'S DATE: \_\_\_\_\_ DATE(S) OF EVENT: \_\_\_\_\_ HOURS OF EVENT: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

NAME OF APPLICANT/BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION OF TEMPORARY BOOTH: \_\_\_\_\_

ADDRESS OF TEMPORARY BOOTH: \_\_\_\_\_

LIST OF FOOD TO BE SERVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LAST PERMIT # ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

*I, \_\_\_\_\_ HAVE READ ALL OF THE REQUIREMENTS PERTAINING TO A TEMPORARY FOOD SERVICE ESTABLISHMENT. I UNDERSTAND AND WILL COMPLY WITH THESE REQUIREMENTS.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

- CONSULTATION
- PHONE CONSULTATION
- INSPECTION