



**Victoria County Public Health Department**  
**Environmental Services**  
**2805 N. Navarro Victoria, Texas 77901**  
**Ph 361-578-6281 \* Fax 361-579-6348**

**EVENT COORDINATOR INSTRUCTIONS AND APPLICATION  
FOR TEMPORARY FOOD ESTABLISHMENTS**

The following are requirements for coordinators of temporary, special events with 2 or more participating food vendors operating in Victoria, Calhoun, DeWitt, and Jackson Counties. A Temporary Food Establishment may operate for a period of no more than 14 consecutive days in conjunction with an organized event or celebration. These requirements are based on the Texas Food Establishment Rules (TFER) 25 TAC §§228.222.

1. Contact the Victoria County Public Health Department Environmental Services Division, at 361-578-6281 at least 14 days prior to the event.
2. Complete the information below and submit required fee, if applicable, along with a completed [list of all food vendors](#) within 10 business days of the event.

**LIST OF VENDERS DUE ON OR BEFORE:** \_\_\_\_\_

3. Distribute a copy of the “Temporary Food Establishment Requirements” along with a “Temporary Food Establishment Permit Application” to each vendor.
4. Each vendor is required to submit their Temporary Food Establishment Permit Application to the Victoria County Public Health Department Environmental Services Division at least 5 business days prior to the event. **Failure to submit a completed application 5 business days prior to the event will result in denial of a Temporary Food Establishment permit and not allowed to participate in the event.**

**Temporary Food Establishment Permit Application**  
**DUE ON OR BEFORE:** \_\_\_\_\_

**NOTE: Vendors not submitted on the list included with the Coordinator Application will not be permitted the day of the event.**

1. Name of Event: \_\_\_\_\_
2. Date(s) of Event: \_\_\_\_\_
3. Location of Event: \_\_\_\_\_  
Please specify for the above location: \_\_\_City of Victoria \_\_\_Victoria County (outside city limits)  
An incorporated city within Calhoun/DeWitt/Jackson County: \_\_\_\_\_
4. Times of Event: \_\_\_\_\_
5. Name of Coordinator(s) responsible for the event:  
\_\_\_\_\_
6. Email Address of Coordinator(s) responsible for the event:  
\_\_\_\_\_



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7. Mailing Address of Coordinator(s) responsible for the event:

\_\_\_\_\_

8. Phone number of Coordinator(s) responsible for the event:

\_\_\_\_\_

9. Name and Phone Number of Coordinator(s) During the Event:

\_\_\_\_\_

10. Describe Electrical Power Supply for Temporary Food Vendors:

\_\_\_\_\_

11. Describe Grease/Wastewater Disposal for Temporary Food Vendors:

\_\_\_\_\_

TOTAL NUMBER OF FOOD BOOTHS/FOOD VENDORS: \_\_\_\_\_

(For Event Coordinator: Please complete vendor list and provide with application)

**FEES** for events held in the **City/County of Victoria** should be made payable to and paid at the **Victoria County Public Health Department**.

<b>one (1) to ten (10) food vendors:</b>	<b>\$200.00</b>
<b>eleven (11) to twenty (20) food vendors</b>	<b>\$300.00</b>
<b>twenty one (21) or more food vendors</b>	<b>\$400.00</b>

By signing below, I attest to the following: All of the information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that the permit applied for shall be subject to all provisions of the codes and statutes and all rules adopted under the code and statutes of the State of Texas including the Texas Food Establishment Rules (25 TAC §228) governing food service establishments, retail food stores, mobile food units, as well as, all applicable City/County Ordinances that may govern temporary/special events. I agree to conform to the Temporary Food Establishment Requirements given to me at the time of application, and ensure that all individuals involved in this event conform to the requirements as well. I understand that if I am found to be operating differently than stated above my permit may be revoked without refund.

Signature of Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Coordinator: \_\_\_\_\_

\*By signing electronically you agree that your electronic signature has the same legal validity and effect as your handwritten signature

VCPHD Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

## LIST OF PARTICIPATING FOOD VENDORS

**NAME OF EVENT:** \_\_\_\_\_ **DATE OF EVENT:** \_\_\_\_\_

<p>Name of Booth/Concession: _____</p> <p>Point of Contact: _____ Telephone: _____</p> <p>Food to be served: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____ City: _____ State: _____ Zip: _____</p>
<p>Name of Booth/Concession: _____</p> <p>Point of Contact: _____ Telephone: _____</p> <p>Food to be served: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____ City: _____ State: _____ Zip: _____</p>
<p>Name of Booth/Concession: _____</p> <p>Point of Contact: _____ Telephone: _____</p> <p>Food to be served: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____ City: _____ State: _____ Zip: _____</p>
<p>Name of Booth/Concession: _____</p> <p>Point of Contact: _____ Telephone: _____</p> <p>Food to be served: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____ City: _____ State: _____ Zip: _____</p>
<p>Name of Booth/Concession: _____</p> <p>Point of Contact: _____ Telephone: _____</p> <p>Food to be served: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____ City: _____ State: _____ Zip: _____</p>

\*Return to Victoria County Public Health Department 2805 N. Navarro · Victoria, Texas 77901 · PHONE: 361-578-6281 · FAX: 361-579-6348