



City of Wimberley

221 Stillwater, Wimberley, TX 78676

(512) 847-0025 Fax: (512) 847-0422

www.cityofwimberley.com

Special Event Vendor

Environmental Health Department

Preliminary P&D Review: _____

Date: _____

Permit No.: _____

*****Submit at least (10) calendar days before the day of the event date*****

PLEASE CHECK ONE:

- Do you currently hold a valid City of Wimberley Food Permit? YES COW-_____ NO
- Seasonal Special Food Vendor \$75.00 (Valid for 6mos) Special Event/Roadside Vendor \$25.00 Farmers Market \$5.00
- Market Days (Vendors only, valid for 10mos.)\$100.00/season..... BOOTH # _____ (if applicable)

EVENT INFORMATION

Event Name: _____ Event Dates: _____

PHYSICAL LOCATION: _____ Hours of Operation: _____

Description of food items to be sold: _____

CONTACT INFORMATION

Name of Business: _____ DBA: _____

Owner's Name: _____ Contact No: _____

Driver's License/ID #: _____ State: _____ Expiration: _____

E-mail Address: _____

Residence Address: _____ City _____

State _____ Zip Code _____ Phone # _____

Mailing Address _____
(If different from above)

CENTRAL PREPARATION FACILITY (CPF) INFORMATION

Name of CPF: _____ Phone # _____ Permit #: _____

Address: _____ City _____ State _____ Zip _____

FOOD HANDLER INFORMATION

Certificate Holder Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of the City of Wimberley, and all the provisions of the codes, statutes and rules adopted under the codes and statues of the State of Texas governing food establishments.

X

Owner/Applicant Signature

Printed Name

Date

NOTE:

- Contact the Planning & Development Department at (512) 648-2411 **before** submitting this application to find out if you need a **Temporary Structure** permit.
- This application must be filled out completely and submitted **at least 10-days prior to event.**
- NO HOME PREPARED FOODS ALLOWED BY STATE REGULATIONS (PERMITS ARE NOT TRANSFERABLE)
- Applications for a permit to operate do not guarantee that a permit will be granted.
- Permit approval is based upon the establishment or food unit’s compliance with state and local health requirements.

APPLICATION REQUIREMENTS (Attach valid copies of the following with each application, In-complete applications will **NOT** be accepted)

- Food Handlers Certification
- Valid Government Issued DL/ID
- Application Fees (credit card, checks/money order, cash exact change only)
- Permit from a Central Preparation Facility (commercial kitchen) is required.
(No homemade products are allowed by State Regulations)
- State Manufacturers or State Mobile Food Vendor Permit (if applicable)

APPLICATION SUBMISSION

- Applications may be submitted by email to: environmentalhealth@cityofwimberley.com by mail or using our drop-box, in person at 221 Stillwater.
- Applicants submitting in person must pay at time of submission.
- Applicants submitting by email will be contacted by phone for a credit card payment within 2 business days.

APPLICATION DEADLINE

- Submit completed applications to the Environmental Health Department at least 10 calendar days prior to the scheduled event.
- Applications submitted less than 10 calendar days prior to the start of the event may not be approved or may be subject to additional fees.

RE-ISSUES

- Permits may be reissued by the department due to schedule changes, subject to departmental discretion.
- Rain-out event cancellations may be granted if the department is notified within 24 hours of the cancelation.

I acknowledge that completion of this application does not guarantee a permit will be issued by the Health Department. I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.

Applicant Initials

FOR OFFICE USE ONLY

Application Received On: _____ Payment Received: \$ _____ Cash / CC / Check #: _____

- Approved as submitted
- Permit has been denied
- Incomplete (applicant to submit additional documentation)

Notes: _____

X _____ Date: _____ Permit No.: _____
Health Inspector Signature