



# City of Wimberley

221 Stillwater  
Wimberley, Texas 78676  
Phone: (512) 847-0025 Fax: (512) 847-0422  
[www.cityofwimberley.com](http://www.cityofwimberley.com)

## Special Event Food Vendor

Environmental Health Department

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

Preliminary P&D Review: \_\_\_\_\_

Permit No.: \_\_\_\_\_

### PLEASE CHECK ONE:

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

### EVENT INFORMATION

Event Name: \_\_\_\_\_ Event Dates: \_\_\_\_\_

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 of the provisions of the codes, statutes and rules adopted under the codes and statues of the State of Texas governing food establishments.

X

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*Owner/Applicant Signature* *Printed Name* *Date*

**SPECIAL EVENT FOOD VENDOR PERMIT APPLICATION**  
**\*\*\*Submit at least 10 calendar days before the event date\*\*\***  
**NO HOME PREPARED FOODS ALLOWED**

**NOTE:**

- Contact the zoning dept. at (512) 847-0025 x25 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
- 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 mail or in person (221 Stillwater) Monday – Friday 8:00am – 5:00pm or by email to: [Kdehart@cityofwimberley.com](mailto:Kdehart@cityofwimberley.com)
- 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 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: \_\_\_\_\_  
*Health Inspector Signature*