

University of Houston Clear Lake

Temporary Food Permit Application

Contact Information

Responsible Person:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>
Organization Name:	<input type="text"/>
Name of Event Assistant(s) / certified Food Handler(s) at event:	<input type="text"/>

Event Information

Event Name:	<input type="text"/>
Event Date:	<input type="text"/>
Event Serving Time (4Hr Max):	Start: <input type="text"/> End: <input type="text"/>
Has a site reservation been confirmed?	<input type="radio"/> Yes <input type="radio"/> No
Campus Location of Event:	<input type="text"/>
Who will the food be served to?	<input type="text"/>
Will food and/or event require an OFP?	<input type="radio"/> Yes <input type="radio"/> No
If yes, what Open Flame Equipment?	<input type="text"/>

Food Information

What Risk Level are you applying for?	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
What food(s) and beverage(s) would you like to serve? List all ingredients they contain:	<input type="text"/>
List Food / Beverage <u>Allergens</u> present:	<input type="text"/>
How kept Hot / Cold <u>During Transport</u> ?	<input type="text"/>
List source(s) you'll get the Ingredients from:	<input type="text"/>
Where and How will the Food / Beverage Ingredients be Prepared?	<input type="text"/>
What equipment will be used for Preparing / Cooking?	<input type="text"/>
Who will serve / How will it be served?	<input type="text"/>
How will it be kept in the Hot / Cold Safe Zones <u>During Serving</u> ?	<input type="text"/>

Catering

Will the event be catered /served by a restaurant or company at the event? If so, fill out below.

Caterer Name:	<input type="text"/>	Address:	<input type="text"/>
Caterer Phone:	<input type="text"/>		

Notes:

Issued by EHS Department

Approval Name: _____ Date/Time Stamp: _____