

**Campus Safety Fire Marshal's Office**  
 4513 Cullen Boulevard, Second Floor – TLC<sup>2</sup> Annex - Building 106  
 (located at Entrance 8 on Cullen)  
 Houston, Texas 77204-1005  
 Phone: 713-743-5858 | Fax: 713-743-8035

## TEMPORARY FOOD DEALER'S PERMIT/REQUEST FORM

Organization and/or Department Name:			
Event Organizer or Contact Person:			
Contact Phone Number:			
Location Where Event Will be Held:			
Site Reservation Confirmed?			
Date of Event:	Start Time:	End Time:	
List of <b>Specific</b> Items to be Served:			
Where & By Whom Will Food be Prepared?			
Caterer's Address (if applicable):			
Where & How Will Food Be Stored?			
How Will All the Trash be Disposed?			
What is the Purpose of the Event? (check one)	<input type="checkbox"/> Fundraiser/Bake Sale <input type="checkbox"/> Meeting/Informational Session <input type="checkbox"/> Lecture/Workshop/Seminar <input type="checkbox"/> Social Event <input type="checkbox"/> Sporting Event/Tailgating <input type="checkbox"/> Concerts/Shows <input type="checkbox"/> Other: _____		
Event Type:	<input type="checkbox"/> Private (Members only; by invitation) <input type="checkbox"/> Public (Open to anyone on campus)		
Will you use any of the following?	<input type="checkbox"/> Sterno <input type="checkbox"/> Open Grill – specify type: _____ <input type="checkbox"/> Other: _____ <i>Note: If any have been selected, please submit an Open Flame Permit.</i>		

- 1) ***I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE PROCEDURE AND GUIDELINES WHICH ADDRESS THE USAGE OF THE TEMPORARY FOOD DEALER'S PERMIT.***
- 2) ***IF THERE ARE ANY CHANGES TO THE TEMPORARY FOOD DEALERS PERMIT BEFORE THIS EVENT, I WILL SUBMIT A NEW PERMIT FOR APPROVAL.***

Initial that you will have the following equipment (if applicable): Thermometer \_\_\_\_\_ Hand Sanitizer \_\_\_\_\_  
 Protective Wear (Gloves, Hair Restraints, etc.) \_\_\_\_\_ Water Container / Sanitizing Container / Soap & Water (*required when cooking on site*) \_\_\_\_\_

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

ISSUED BY UH DEPARTMENT OF PUBLIC SAFETY FIRE MARSHAL'S OFFICE:

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