



CITY OF MESQUITE
Health Division
1515 N Galloway Ave, Mesquite TX 75149
Phone: 972-216-8138
FAX 972-216-6908

Permit # \_\_\_\_\_
Class: Temporary
Date: \_\_\_\_\_
Fee: \_\_\_\_\_
501(c)3# \_\_\_\_\_

Temporary Health Permit Application
(Please Print)

Temporary Events/Concessions/Kiosks

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Event/Location \_\_\_\_\_

Temporary Dates of Operation \_\_\_\_\_

Location of Food Preparation (if not at Event Location) \_\_\_\_\_

Owner of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Food Being Conveyed

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_