



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

1901 S. Alamo San Antonio, TX 78204
Phone (210) 207-8780 Fax (210) 207-6359

**TEMPORARY FOOD ESTABLISHMENT PERMIT
APPLICATION**

(Please Print)

Today's Date: _____
Name of Event: San Antonio Home + Garden Show
Address of Event: 100 Montana Street, San Antonio, TX 78203
Event Sponsor:* Marketplace Events
Sponsor Add: PO Box 84129 **Zip:** 84129 **Telephone#:** 816-601-2706

On-site Coordinator: _____ **Telephone#:** _____
(May be contacted during event)
Starting: 10/06/2023 12pm **Ending:** 10/8/2023 6pm **Total # Days:** 3
Date Time Date Time

Number of Stands/Booths: _____
Items Being Sold/Given Away: _____

Applicant's Signature: _____

NOTE: Payment of license fees will not constitute approval for operation unless Temporary Food Ordinance Standards are met. Permit fees are non-refundable. However, the date of the event may be rescheduled or the event may be canceled and rescheduled if the applicant makes a request to reschedule in person at the development and business service center at least three (3) business days prior to the event.

**May be asked to show proof of Sponsorship upon request*

For Office Information Only

Amount Paid:	_____	Temporary Permit #'s:	_____
SAP Number:	_____		
Date Paid:	_____		

Sanitarian Signature: _____
(Approval if needed)