



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:** 2000 Auburn Dr. Suite 200 **Zip:** 44122 **Telephone#:** 816-601-2706

**On-site Coordinator:** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_  
(May be contacted during event)  
**Starting:** 9/27/24 12pm **Ending:** 9/29/2024 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**

<b>Amount Paid:</b> _____	<b>Temporary Permit #'s:</b> _____
<b>SAP Number:</b> _____	_____
<b>Date Paid:</b> _____	_____

**Sanitarian Signature:** \_\_\_\_\_  
(Approval if needed)