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
A P P L I C A T I O N

(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#:** 801-456-7489

On-site Coordinator: _____ **Telephone#:** _____
(May be contacted during event)

Starting: 2/26/2027 (**Date**) 12pm (**Time**) **Ending:** 02/28/2027 (**Date**) 6pm (**Time**) **Total # Days:** 3

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)

Revised 3/6/14