



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#:** 801-456-7489

On-site Coordinator: _____ **Telephone#:** _____

Starting: 2/27/2026 **Date** **12pm** **Time** **Ending:** 03/01/2025 **Date** **6pm** **Time** **Total # Days:** 3
(May be contacted during event)

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)