

Temporary Food Establishment (TFE) Permit Request Application

Multi-Day Event Request

Event Information

Name of Organization or Department: _____

Event Name/Title: _____ Semester/Year: _____

Event Dates (MM/DD/YYYY):

Responsibilities and Acknowledgements

I, _____, acknowledge the following (initial each line):

- _____ I certify that all information provided on the application and addendum is true and correct to my knowledge and will adhere to the requirements of the Texas Food Establishment Rules (TFER) 25 TAC §§228 while operating a Temporary Food Establishment (TFE).
- _____ I understand that this TFE Permit Request Application and Multi-Day Event Request Addendum will be reviewed and approved only for the dates listed above.
- _____ I understand that I must resubmit a TFE Permit Request Application if modifications are made to the types of foods/beverages served at this event.
- _____ I acknowledge that Temporary Food Establishments are not permitted to operate on Texas State University property for more than 10 university days per month, per [Solicitation on Campus UPPS 07.04.03](#).

Applicant Name: _____

Signature: _____

Date: _____

EHSRM Approval

Yes

No Date: _____