

CITY OF CANTON
SPECIAL EVENT FOOD SERVICE PERMIT APPLICATION

Separate form and \$25.00 fee required for each location.

Please come by or mail application and fee to:

City of Canton- Health Department Permits

201 N. Buffalo

Canton, TX 75103

EVENT NAME: _____

DATE(S) OF EVENT: _____

LOCATION OF EVENT: _____

BUSINESS NAME: _____

NAME OF RESPONSIBLE OWNER: _____

CONTACT NUMBER OF RESPONSIBLE OWNER: _____

ADDRESS OF RESPONSIBLE OWNER: _____

CITY: _____ STATE: _____ ZIP: _____

The owner/operator understands this permit is only valid for the dates of the event noted. The permit fee is \$25.00 per location per event.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S POSITION: _____

OFFICE USE ONLY

DATE REC'D: _____ CASH _____ CK _____ CC _____ BY: _____

DATE INSPECTED: _____ APPROVED DENIED BY: _____

PERMIT ISSUED: YES NO PERMIT # _____ BY: _____

IF NO PERMIT,
REFUND ISSUED YES NO DATE ISSUED: _____ CK # _____ BY: _____